Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 1 of 73

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY	-	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1:	Identify Yourself			
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	You	r full name			
	your	e the name that is on government-issued ure identification (for mple, your driver's	Miguel First name	Jacqueline First name	
		ise or passport).	Middle name	Middle name	
		g your picture	Bergollo	Camacho	
		tification to your ting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	Inclumation assured as the second as the second and sec	other names you have d in the last 8 years ade your married or den names and any amed, trade names and ag business as names. NOT list the name of separate legal entity as a corporation, mership, or LLC that is filling this petition.			
3.	you num Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-4598	xxx-xx-6982	

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 2 of 73

Debtor 1 Miguel Bergollo
Debtor 2 Jacqueline Camacho

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Your Employer Identification Number (EIN), if any.						
	(EIN), II ally.	EIN	EIN				
5.	Where you live		If Debtor 2 lives at a different address:				
		116 Hammler Road Hillsborough, NJ 08844					
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Somerset County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing	Check one:	Check one:				
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 3 of 73

Deb	otor 2 Jacqueline Camac	:ho			Case number (if known)	
Par	t 2: Tell the Court About	our Bankruptcy C	Case			
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.				
	choosing to file under	☐ Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		Chapter 13				
8.	How you will pay the fee	about how y	ou may pay. Typica Ir attorney is submitt	lly, if you are paying the fee yo	k with the clerk's office in your local cou ourself, you may pay with cash, cashier's alf, your attorney may pay with a credit o	s check, or money
			ay the fee in install ee in Installments (0		on, sign and attach the Application for In	dividuals to Pay
I request that my fee be waived (You may request this option only if you but is not required to, waive your fee, and may do so only if your income applies to your family size and you are unable to pay the fee in installme					ur income is less than 150% of the offic	ial poverty line that
					r instailments). If you choose this option cial Form 103B) and file it with your petit	
9.	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
		District	t	When	Case number	
		District	t	When	Case number	
		District	t	When	Case number	
10.	Are any bankruptcy cases pending or being	■ No				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
		Debtor	-		Relationship to you	
		District	t	When	Case number, if known	
		Debtor			Relationship to you	
		District	t	When	Case number, if known _	
11.	Do you rent your residence?	■ No. Go to	line 12.			
	. John Children	☐ Yes. Has y	our landlord obtaine	ed an eviction judgment agains	t you?	
			No. Go to line 12.			
			Yes. Fill out <i>Initial</i> this bankruptcy pe		Judgment Against You (Form 101A) and	I file it as part of

Debtor 1 Miguel Bergollo

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 4 of 73

	otor 2 Jacqueline Cama	cho			Case number (if known)
Par	Report About Any Bu	usinesses	You Own	as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of busi	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation,		Name	of business, if any	
	partnership, or LLC.				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State	e & ZIP Code
	it to this petition.		Check	the appropriate box	x to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)?	proceed you are o	under Sub choosing to v statemen (B).	ochapter V so that it oproceed under Sub	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or behapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. ter 11.
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
Par	t 4: Report if You Own or	Have Any	/ Hazardo	us Property or Any	Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to public health or safety?		What is	the hazard?	
	Or do you own any property that needs immediate attention?			liate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 5 of 73

Debtor 1 Miguel Bergollo
Debtor 2 Jacqueline Camacho Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 6 of 73

		Bergollo line Camac	cho			Case nu	umber (if know	m)	
Part	6: Answer	hese Questi	ons for Rep	orting Purposes					
16.	What kind of debts do you have?		in C	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b.					
			16b. A	 ■ Yes. Go to line 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. □ Yes. Go to line 17. 					
			16c. S	tate the type of debts you owe th	at are not consur	mer debts or bu	siness debts	s 	
17.	Are you filing Chapter 7?	under	■ No.	am not filing under Chapter 7. Go	to line 18.				
	Do you estimate after any exemproperty is exadministrative are paid that for the available for distribution to creditors?	npt cluded and e expenses unds will or	a a	am filing under Chapter 7. Do you re paid that funds will be available I No I Yes				excluded and administrative expense	:S
18.	How many Creyou estimate to owe?		■ 1-49 □ 50-99 □ 100-199 □ 200-999		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,00)		25,001-50,000 3 50,001-100,000 3 More than100,000	
19.	How much do estimate your be worth?				\$1,000,001 \$10,000,001 \$50,000,001 \$100,000,00	- \$50 million - \$100 million		\$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion	
20.	How much do estimate your to be?				\$1,000,001 \$10,000,001 \$50,000,001 \$100,000,00	- \$50 million - \$100 million		\$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion	
Part	7: Sign Beld	ow							
For	you			ined this petition, and I declare u	. , ,		·		
			United State	es Code. I understand the relief a	available under ea	ach chapter, and	d I choose to		
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						orney to help me fill out this		
			•	ief in accordance with the chapte	•			·	
						nment for up to	20 years, o	rty by fraud in connection with a r both. 18 U.S.C. §§ 152, 1341, 1519),
			/s/ Miguel Be Miguel Be Signature o	rgollo		Jacqueline Signature of D	Camacho	ho	
			Executed or	December 30, 2022 MM / DD / YYYY		Executed on	December MM / DD / Y		

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 7 of 73

		Document Page / of /3					
Debtor 1 Debtor 2	Miguel Bergollo Jacqueline Camac	ho	0		Case number (if known)		
	attorney, if you are ted by one	under Chapt	er 7, 11, 12, or 13 of title 11,	, United States Code,	and have	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)	
•	not represented by ey, you do not need s page.	and, in a cas		wledge after an inquiry that the information in the			
		/s/ Scott J.	Goldstein		Date	December 30, 2022	
		Signature of	Attorney for Debtor			MM / DD / YYYY	
		Scott J. Go	oldstein 016472004				
		Printed name					
		Deighan L	aw LLC				
		Firm name					
		280 W. Ma	in Street				
		Denville, N					
		Number, Street,	City, State & ZIP Code				
		Contact phone	855-466-3920	Ema	ail address	sjg@uprightlaw.com; notices@uprightlaw.com	
		016472004	NJ				
		Bar number & St	ate				

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 8 of 73

Fill in this inform						
Debtor 1	Miguel Bergollo					
	First Name	Middle Name	Last Name			
Debtor 2	Jacqueline Cama	cho				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF NEW JE	RSEY			
Case number _						
(if known)					☐ Check if this is an amended filing	
					arrieriaca illing	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	rt 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	505,414.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	58,299.86
	1c. Copy line 63, Total of all property on Schedule A/B	\$	563,713.86
Pai	rt 2: Summarize Your Liabilities		
			i abilities it you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	577,430.65
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	129,883.12
	Your total liabilities	\$	707,313.77
Pai	rt 3: Summarize Your Income and Expenses	,	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	16,325.13
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,126.37
Pai	rt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	s box and s	ubmit this form to

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 9 of 73

Debtor 1	Miguel Bergollo		
Debtor 2	Jacqueline Camacho	Case number (if known)	
	the court with your other schedules.		

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____13,747.92

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	67,822.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	67,822.00

Case 22-20246-MBK Filed 12/31/22 Entered 12/31/22 11:48:51 Doc 1 Desc Main

Fill in				Doc	ument	Page 10 of 73			
	this information t	o identify	your case and th	is filing	g :				
Debto	r1 Mig	uel Berg	ollo						
	First N			Name		Last Name			
Debto	r 2 Jac e, if filing) First N	-	Camacho	Name		Last Name			
	3,					Lastiname			
Jnited	d States Bankrupto	y Court for	the: DISTRICT	OF NEV	W JERSEY				
Case	number					_		1	☐ Check if this is a
									amended filing
Offic	cial Form 1	06A/E	3						
Scł	nedule A/	B: Pr	operty						12/15
forma	ation. If more space revery question.	is needed,	attach a separate sl	neet to tl	his form. On t	ole are filing together, both are he top of any additional pages			
— 1	es. Where is the prop	perty?		What	is the proper	thir? Chaple all that apply			
	116 Hammler Ro	ad		Wilat		ty? Check all that apply	D		
S	Street address, if available, or other description			Condominium or cooperative		Do not deduct secured claims or exe the amount of any secured claims on Creditors Who Have Claims Secured		claims on Schedule D:	
					Manufacture	d or mobile home	Current value	of the	Current value of the
_	Hillsborough City	NJ State	2IP Code		Land Investment p	property	entire property	•	portion you own? \$505,414.0
					Timeshare	11.7			ur ownership interest
				□ Who	Other	st in the property? Check one	(such as fee s a life estate), i	ee simple, tenancy by the enti e), if known.	
					Debtor 1 onl	у			
	Somerset				Debtor 2 onl	у			
	County				Debtor 1 and	d Debtor 2 only	☐ Check if t	his is comn	nunity property
_						of the debtors and another	(see instruc	tions)	
_				Othe	r information	you wish to add about this iter	n, such as local		
_					r information erty identifica	=	n, such as local		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 11 of 73

Debto Debto		Aiguel Bergollo Jacqueline Cam		C	ase number (if known)	
Car	s, vans	, trucks, tractors,	sport utility ve	hicles, motorcycles		
	lo					
■ Y	'es					
	00					
3.1	Make:	Nissan		Who has an interest in the property? Check one		laims or exemptions. Put
	Model:	Rogue		Debtor 1 only		ed claims on Schedule D: ims Secured by Property.
	Year:	2019		Debtor 2 only		
	Approxi	mate mileage:	40000	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		formation:		☐ At least one of the debtors and another	,	
	NADA	Avg Value			440.000.00	
				☐ Check if this is community property (see instructions)	\$18,200.00	\$18,200.0
L				(See Instructions)		
		Nissan			Do not deduct secured of	laims or exemptions. Put
3.2	Make:	Sentra		Who has an interest in the property? Check one	the amount of any secure	ed claims on Schedule D:
	Model: Year:	2017		☐ Debtor 1 only	Creditors Who Have Clai	ims Secured by Property.
			69000	Debtor 2 only	Current value of the	Current value of the
		mate mileage:	09000	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	entire property?	portion you own?
Ī		Avg Value		At least one of the deptors and another		
	IIADA	Avg value		☐ Check if this is community property	\$9,325.00	\$9,325.0
				(see instructions)		
Exa	mples: E lo			d other recreational vehicles, other vehicles, ar tercraft, fishing vessels, snowmobiles, motorcycle		
Exa	mples: E lo					
Exal	mples: E	Boats, trailers, moto	ors, personal wa		accessories ny entries for	\$27,525.00
Exal	mples: E lo 'es d the do ges you	Boats, trailers, moto	ors, personal wa portion you ow or Part 2. Write t	n for all of your entries from Part 2, including a	accessories ny entries for	\$27,525.00
Exam	mples: E lo 'es d the do ges you	Boats, trailers, moto ollar value of the I have attached fo	ors, personal wa portion you ow or Part 2. Write t	n for all of your entries from Part 2, including a	ny entries for	Current value of the portion you own? Do not deduct secured
Add page art 3:	mples: E do the do ges you Describution own of usehold amples:	ollar value of the have attached for have any legal	portion you ow or Part 2. Write to and Household Ite or equitable into	tercraft, fishing vessels, snowmobiles, motorcycle on for all of your entries from Part 2, including a that number here	ny entries for	Current value of the
Add page art 3:	mples: E No d the do ges you Describe ou own of usehold amples: No	ollar value of the have attached for have any legal	portion you ow or Part 2. Write to and Household Ite or equitable into	n for all of your entries from Part 2, including a that number here	ny entries for	Current value of the portion you own? Do not deduct secured
Add page art 3:	mples: E No d the do ges you Describe ou own of usehold amples: No	ollar value of the have attached for have any legal goods and furnice Major appliances,	portion you ow or Part 2. Write to and Household Ite or equitable into shings furniture, linens.	n for all of your entries from Part 2, including a that number hereems terest in any of the following items? , china, kitchenware	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.
Add page art 3:	mples: E No d the do ges you Describe ou own of usehold amples: No	ollar value of the have attached for have any legal goods and furnice Major appliances,	portion you ow or Part 2. Write to and Household Ite or equitable into shings furniture, linens.	n for all of your entries from Part 2, including a that number here	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.
Add page art 3:	mples: E No d the doges you Describe ou own of the second own own of the second own	ollar value of the have attached for have any legal goods and furnic Major appliances, escribe	portion you ow or Part 2. Write to and Household Ite or equitable into shings furniture, linens.	n for all of your entries from Part 2, including a that number hereems terest in any of the following items? , china, kitchenware	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.
Add page art 3:	mples: E No d the doges you Describe ou own of the second own own of the second own	ollar value of the have attached for have any legal goods and furnic Major appliances, escribe	portion you ow or Part 2. Write to and Household Ite or equitable into shings furniture, linens.	n for all of your entries from Part 2, including a that number hereems terest in any of the following items? ds and furnishings	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.
Add page art 3:	mples: E No d the doges you Describe ou own of the second own own of the second own	ollar value of the have attached for have any legal goods and furnismajor appliances, escribe	portion you ow or Part 2. Write to and Household Ite or equitable into shings furniture, linens.	n for all of your entries from Part 2, including a that number here	ny entries for	Current value of the portion you own? Do not deduct secured claims or exemptions.

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 12 of 73

Debtor 1 Debtor 2	Miguel Berg Jacqueline (
■ Yes.	Describe		
		Household books and photos	\$100.00
Exampl ☐ No	ent for sports a les: Sports, photo musical instr	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
		Eliptical	\$1,000.00
■ No □ Yes.	bles: Pistols, rifle: Describe	s, shotguns, ammunition, and related equipment othes, furs, leather coats, designer wear, shoes, accessories	
	Describe		
		Clothing - used	\$1,500.00
	Describe	Engagement ring, wedding band, costume jewelry	\$2,500.00
Examp	oles: Dogs, cats,	birds, horses	
		2 dogs, 1 cat	\$0.03
■ No	her personal an	d household items you did not already list, including any health aids you did not list	
		of all of your entries from Part 3, including any entries for pages you have attached number here	\$11,100.03
	scribe Your Finan		
Do you ov	vn or have any l	egal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Examp ■ No	oles: Money you	nave in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	on

Official Form 106A/B Schedule A/B: Property page 3

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 13 of 73

	ebtor 1 ebtor 2	Miguel Bergo Jacqueline C			Case number (if known	n)
17.			ivings, or other financial f you have multiple acco		f deposit; shares in credit unions, brokerage itution, list each.	e houses, and other similar
	Yes			Institution n	ame:	
			17.1.	NFCU		\$1,802.09
			17.2. Checking	Capital O	ne	\$421.61
18.			or publicly traded stock investment accounts with		ey market accounts	
	_		Institution or iss	suer name:		
19.	joint v	ublicly traded sto enture	ock and interests in inc	corporated and uninco	rporated businesses, including an intere	est in an LLC, partnership, and
	■ No □ Yes.	Give specific info	ormation about them Name of entity:		% of ownership:	
20.	Negoti Non-ne ■ No	iable instruments egotiable instrume		, cashiers' checks, pror	gotiable instruments nissory notes, and money orders. by signing or delivering them.	
21.	_Examp	ment or pension oles: Interests in II		(k), 403(b), thrift savings	s accounts, or other pension or profit-sharin	g plans
	□ No ■ Yes.	List each account	t separately. Type of account:	Institution n	ame:	
			401(k)	Barnabas	Health	\$6,261.13
22.	Your s Examp ■ No	oles: Agreements	d deposits you have mad		inue service or use from a company tric, gas, water), telecommunications comp	anies, or others
	☐ Yes.			Institution n	ame or individual:	
23.	Annuit ■ No □ Yes	·	r a periodic payment of r uer name and description		life or for a number of years)	
24.			n IRA, in an account in 29A(b), and 529(b)(1).	a qualified ABLE pro	gram, or under a qualified state tuition p	orogram.
	☐ Yes	Ins	stitution name and descri	iption. Separately file th	e records of any interests.11 U.S.C. § 521(c):
25.	Trusts	, equitable or fut	ure interests in proper	ty (other than anythin	g listed in line 1), and rights or powers e	xercisable for your benefit
	_	Give specific info	ormation about them			
26.			ademarks, trade secrets ain names, websites, pro		al property nd licensing agreements	

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Give specific information about them...

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 14 of 73

Debtor 2	Jacqueline Camacho		C	ase number (if known)	
	ses, franchises, and other gentles: Building permits, exclusive	neral intangibles e licenses, cooperative association holding	ıs, liquor license	es, professional licenses	
	. Give specific information abou	ut them			
Money o	r property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax r e	efunds owed to you				
■ No					
☐ Yes	. Give specific information abou	t them, including whether you already filed	the returns and	the tax years	
Exan □ No -		nony, spousal support, child support, main	tenance, divorc	e settlement, property se	ttlement
■ Yes	. Give specific information				
		Ardi Koka - child support arrea	rs		
				Child Support	\$7,200.00
31. Intere		surance; health savings account (HSA); cr	edit, homeowne	er's, or renter's insurance	
⊔ Yes	. Name the insurance company Compar	of each policy and list its value. ny name:	Beneficiary	r.	Surrender or refund value:
If you some	nterest in property that is due are the beneficiary of a living treene has died. Give specific information	you from someone who has died ust, expect proceeds from a life insurance	policy, or are c	urrently entitled to receiv	e property because
Exan □ No -		er or not you have filed a lawsuit or mad sputes, insurance claims, or rights to sue	de a demand fo	or payment	
		Potential claim in 3M class action hearing loss	for persona	l injury for	Unknown
34. Other □ No	contingent and unliquidated	claims of every nature, including counte	erclaims of the	edebtor and rights to so	et off claims
■ Yes	. Describe each claim				
		Refund from Brunswick Law Gro	up		\$3,990.00

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 15 of 73

Debtor 1 Debtor 2	Miguel Bergollo Jacqueline Camacho		Case number (if known)	
35. Any fi	nancial assets you did not already list			
■ No				
☐ Yes	. Give specific information			
	the dollar value of all of your entries from Part 4, includir Part 4. Write that number here			\$19,674.83
Part 5: Do	escribe Any Business-Related Property You Own or Have an Inte	rest In. List any real esta	ate in Part 1.	
37. Do you	own or have any legal or equitable interest in any business-relat	ed property?		
■ No. G	to to Part 6.			
☐ Yes.	Go to line 38.			
	escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	ı Own or Have an Interes	st In.	
46. Do yo	u own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
■ No	. Go to Part 7.			
☐ Ye	s. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That Yo	u Did Not List Above		
	u have other property of any kind you did not already list aples: Season tickets, country club membership	?		
■ No	,			
☐ Yes	. Give specific information			
54. Add	the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Part	1: Total real estate, line 2			\$505,414.00
56. Part	2: Total vehicles, line 5	\$27,525.00		
57. Part	3: Total personal and household items, line 15	\$11,100.03		
58. Part	4: Total financial assets, line 36	\$19,674.83		
59. Part	5: Total business-related property, line 45	\$0.00		
60. Part	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part	7: Total other property not listed, line 54 +	\$0.00		
62. Tota	I personal property. Add lines 56 through 61	\$58,299.86	Copy personal property total	\$58,299.86
63. Tota	I of all property on Schedule A/B. Add line 55 + line 62			\$563,713.86

Official Form 106A/B Schedule A/B: Property page 6

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 16 of 73

Fill in this infor	mation to identify your	case:		
Debtor 1	Miguel Bergollo			
	First Name	Middle Name	Last Name	
Debtor 2	Jacqueline Cama	cho		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JE	RSEY	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below. 	that allow exemption
	that allow exemption
	that allow exemption
Brief description of the property and line on Schedule A/B that lists this property Schedule A/B that lists	
Copy the value from Check only one box for each exemption. Schedule A/B	
2017 Nissan Sentra 69000 miles \$9,325.00	522(d)(2)
Line from Schedule A/B: 3.2 100% of fair market value, up to any applicable statutory limit	
Household goods and furnishings Line from Schedule A/B: 6.1 \$3,000.00	522(d)(3)
100% of fair market value, up to any applicable statutory limit	
Household electronics \$3,000.00 \$3,000.00 \$11 U.S.C. §	522(d)(3)
100% of fair market value, up to any applicable statutory limit	
Household books and photos Line from Schedule A/B: 8.1 \$100.00 \$100.00	522(d)(3)
100% of fair market value, up to any applicable statutory limit	
Eliptical \$1,000.00 \$1,000.00 \$1,000.00	522(d)(3)
100% of fair market value, up to any applicable statutory limit	

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 17 of 73

	btor 1 btor 2	Miguel Bergollo Jacqueline Camacho			Case number (if known)		
		Brief description of the property and line on Current value of the Schedule A/B that lists this property portion you own			ount of the exemption you claim	Specific laws that allow exemption	
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
		ning - used rom Schedule A/B: 11.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)	
	Line	ioni conedate /v.b. TTT			100% of fair market value, up to any applicable statutory limit		
		agement ring, wedding band, ume jewelry	\$2,500.00		\$2,500.00	11 U.S.C. § 522(d)(4)	
	Line f	rom Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		
		gs, 1 cat rom Schedule A/B: 13.1	\$0.03		\$0.03	11 U.S.C. § 522(d)(3)	
	Line	ioni conedate 705. 1911			100% of fair market value, up to any applicable statutory limit		
	NFC	U rom S <i>chedule A/B</i> : 17.1	\$1,802.09		\$1,802.09	11 U.S.C. § 522(d)(5)	
	Line	Ioni Scriedale A.B. 1111			100% of fair market value, up to any applicable statutory limit		
		cking: Capital One	\$421.61		\$421.61	11 U.S.C. § 522(d)(5)	
	Line	ioni Scriedale A.B. 1112			100% of fair market value, up to any applicable statutory limit		
	•	k): Barnabas Health	\$6,261.13		\$6,261.13	11 U.S.C. § 522(d)(12)	
	Lille	Total Scredule A/B. 21.1			100% of fair market value, up to any applicable statutory limit		
		d Support: Ardi Koka - child port arrears	\$7,200.00		\$7,200.00	11 U.S.C. § 522(d)(10)(D)	
		rom Schedule A/B: 29.1			100% of fair market value, up to any applicable statutory limit		
		ntial claim in 3M class action for onal injury for hearing loss	Unknown		\$27,900.00	11 U.S.C. § 522(d)(11)(D)	
		rom Schedule A/B: 33.1			100% of fair market value, up to any applicable statutory limit		
		ntial claim in 3M class action for onal injury for hearing loss	Unknown		\$15,425.00	11 U.S.C. § 522(d)(5)	
	-	rom Schedule A/B: 33.1			100% of fair market value, up to any applicable statutory limit		
		nd from Brunswick Law Group	\$3,990.00		\$3,990.00	11 U.S.C. § 522(d)(5)	
	LINC	ioni donedale A/E. 9411			100% of fair market value, up to any applicable statutory limit		
3.	(Subj	ou claiming a homestead exemption of ect to adjustment on 4/01/25 and every 3			iled on or after the date of adjustmer	t.)	
		Yes. Did you acquire the property covere □ No □ Yes	ed by the exemption wi	ithin 1	,215 days before you filed this case'	•	

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 18 of 73

		Document	Page 18 o	of 73		
Fill in this inform	nation to identify you	r case:				
Debtor 1	Miguel Bergollo					
	First Name	Middle Name	Last Name			
Debtor 2	Jacqueline Cam	acho				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number						
(if known)					_	if this is an
					ameno	led filing
Official Forn	n 106D					
		Who Have Claims S	Sacurad	by Propert	V	12/15
<u> 3criedule</u>	D. Creditors	WITO Have Claims 3	becui eu	by Propert	у	12/15
	Additional Page, fill it o	f two married people are filing together out, number the entries, and attach it to				
1. Do any creditors	have claims secured by	your property?				
☐ No. Check	this box and submit th	nis form to the court with your other s	chedules. You	ı have nothing else t	o report on this form.	
_	all of the information b	·		o o	,	
		Delow.				
	II Secured Claims			Column A	Column B	Column C
		nore than one secured claim, list the credi a particular claim, list the other creditors i		Amount of claim	Value of collateral	Unsecured
		cal order according to the creditor's name.		Do not deduct the	that supports this	portion
2.1 Bala Partı	nere IIC	Describe the property that secures th	a claim:	value of collateral. \$353.65	claim \$505,414.00	If any \$353.65
Creditor's Name	<u> </u>	116 Hammler Road Hillsboro		φοσο.υσ	Ψ303,414.00	φ333.03
		08844 Somerset County	agii, ito			
			h a als all that			
17 West C		As of the date you file, the claim is: Capply.	neck all that			
Somervill	e, NJ 08876	☐ Contingent				
Number, Street	, City, State & Zip Code	Unliquidated				
Who owes the de	.h.(2 Ob	Disputed				
_	EDLY Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only			origage or secul	eu		
■ Debtor 1 and De	ahtor 2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
_	he debtors and another	. Judgment lien from a lawsuit	- /			

community debt

Date debt was incurred _____

☐ Check if this claim relates to a ☐ Other (including a right to offset) ☐ Tax lien

Last 4 digits of account number

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 19 of 73

Deb	tor 1 Miguel Be			ase number (if known)				
	First Name	Middle N	lame Last Name					
Deb	tor 2 Jacquelin							
	First Name	Middle N	lame Last Name					
2.2	Carrington M	ortgage		\$532,854.00	\$505,414.00	\$27,440.00		
	Services		Describe the property that secures the claim:	φ332,634.00 ———————————————————————————————————	\$303,414.00	Ψ21,440.00		
	Creditor's Name		116 Hammler Road Hillsborough, NJ					
	Attn: Bankrup	•	08844 Somerset County					
	1600 South D	•	As of the date you file, the claim is: Check all that					
	Road, Stes 11		apply.					
	Anaheim, CA		Contingent					
	Number, Street, City,	State & Zip Code	Unliquidated					
			Disputed					
Who	owes the debt?	Check one.	Nature of lien. Check all that apply.					
	ebtor 1 only		☐ An agreement you made (such as mortgage or secucar loan)	ıred				
_	ebtor 2 only		<u> </u>					
_	ebtor 1 and Debtor	,	☐ Statutory lien (such as tax lien, mechanic's lien)					
_	t least one of the de		☐ Judgment lien from a lawsuit					
	heck if this claim roommunity debt	relates to a	☐ Other (including a right to offset)					
Date	debt was incurred	Opened 11/19 Last Active 1 7/06/22	Last 4 digits of account number 1814					
	1					<u> </u>		
2.3	NMAC		Describe the property that secures the claim:	\$35,314.00	\$18,200.00	\$17,114.00		
	Creditor's Name		2019 Nissan Rogue 40000 miles NADA Avg Value					
	Attn: Bankrup	ptcy	As of the date you file, the claim is: Check all that					
	Po Box 66036		apply.					
	Dallas, TX 75	266	☐ Contingent					
	Number, Street, City,	State & Zip Code	☐ Unliquidated					
			☐ Disputed					
Who	owes the debt?	Check one.	Nature of lien. Check all that apply.					
	ebtor 1 only		☐ An agreement you made (such as mortgage or secu	ıred				
	■ Debtor 2 only car loan)							
☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lie			☐ Statutory lien (such as tax lien, mechanic's lien)					
			☐ Judgment lien from a lawsuit					
	check if this claim r		Other (including a right to offset)					
D-4-	debt was incurred	Opened 05/22 Last Active 1 11/18/22	Last 4 digits of account number 0001					

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 20 of 73

Debtor 1 Miguel Bo	ergollo			Case	number (if known)		
First Name	Middle N	Name	Last Name		-		
Debtor 2 Jacquelin							
First Name	Middle N	Name	Last Name				
2.4 NMAC		Describe t	the property that secures the o	claim:	\$8,909.00	\$9,325.00	\$0.00
Creditor's Name		2017 Nis	ssan Sentra 69000 miles	S			
		NADA A	vg Value				
Attn: Bankruj	otcy	A = = £ 4 = =	data was file tha alaba ia o				
Po Box 66036	6	apply.	date you file, the claim is: Chec	ck all that			
Dallas, TX 75	266	Conting	gent				
Number, Street, City,	State & Zip Code	☐ Unliqui	dated				
		☐ Dispute					
Who owes the debt?	Check one.	Nature of	lien. Check all that apply.				
Debtor 1 only		☐ An agre	eement you made (such as mort	gage or secured			
■ Debtor 2 only		car loa					
Debtor 1 and Debtor	2 only	☐ Statuto	ry lien (such as tax lien, mechan	nic's lien)			
☐ At least one of the de	,		ent lien from a lawsuit				
☐ Check if this claim		_	Other (including a right to offset)				
community debt	oldioo to u	— 04.101 (
	Opened						
	06/20 Last						
Date debt was incurred	Active 1 10/21/22	Loc	at 4 digits of account number	0001			
Date debt was incurred	10/21/22	Las	at 4 digits of account number				
Add the deller value	-fm4=i== i= (Calumn A an	this was Muita that wombar	hara.	¢577 420 G	=	
	•		this page. Write that number alue totals from all pages.	nere:	\$577,430.6		
Write that number he		i tile dollar v	aiue totais iroili aii pages.		\$577,430.6	5	
							
Part 2: List Others	to Be Notified for	or a Debt Ti	hat You Already Listed				
trying to collect from y	ou for a debt you only of the debts that	owe to some it you listed i	oout your bankruptcy for a del one else, list the creditor in Pa in Part 1, list the additional cre	art 1, and then lis	st the collection agenc	y here. Similarly, if you h	ave more
[]		-					
Name, Number,	Street, City, State		_	On which line	in Part 1 did you enter t	he creditor? 2.2	
	thal & Franker				•		
	ower Parkway	- Ste 302		Last 4 digits of	of account number		
Roseland, N	NJ 07068						

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 21 of 73

		Document	Page 21	. of 73	
Fill in this info	rmation to identify your	case:			
Debtor 1	Miguel Bergollo				
Debior 1	First Name	Middle Name	Last Name		
Debtor 2	Jacqueline Cama	cho			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number (if known)				1	☐ Check if this is an amended filing
Official For	_				
Schedule	E/F: Creditors W	ho Have Unsecured	Claims		12/15
Schedule D: Credleft. Attach the Coname and case notes. Part 1: List	ditors Who Have Claims Section tinuation Page to this pagumber (if known). All of Your PRIORITY Unditors have priority unsecured.	ured by Property. If more space is it is in the space is in the	needed, copy t	any creditors with partially secured c he Part you need, fiil it out, number tl lo not file that Part. On the top of any	ne entries in the boxes on the
3. Do any cred	All of Your NONPRIORIT itors have nonpriority unsectave nothing to report in this process.		your other sche	dules.	
unsecured cl	aim, list the creditor separately	y for each claim. For each claim liste	d, identify what t	holds each claim. If a creditor has mo ype of claim it is. Do not list claims alrea three nonpriority unsecured claims fill o	dy included in Part 1. If more
					Total claim
4.1 Amex		Last 4 digits of ac	count number	1683	\$1,633.00
Nonprio Corres Po Bo	rity Creditor's Name spondence/Bankruptc x 981540 so, TX 79998			Opened 02/22 Last Active 11/27/22	
Number	Street City State Zip Code curred the debt? Check one.	As of the date you	file, the claim i	s: Check all that apply	
☐ Debt	or 1 only	☐ Contingent			
■ Debt	or 2 only	☐ Unliquidated			
☐ Debt	or 1 and Debtor 2 only	☐ Disputed			
	ast one of the debtors and and	_ '	RITY unsecured	l claim:	
	ck if this claim is for a comr	По			
debt	laim subject to offset?			ration agreement or divorce that you did	not
■ No		☐ Debts to pension	n or profit-sharin	g plans, and other similar debts	
☐ Yes		Other. Specify	Credit Card		

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 22 of 73

	Miguel Bergollo Jacqueline Camacho		Case number (if known)		
4.2	Amex	Last 4 digits of account number	2853	\$321.00	
	Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998	When was the debt incurred?	Opened 03/18 Last Active 12/13/22	VOZ.1100	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not		
	■ No □ Yes	Other. Specify Credit Card	5 i		
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9180	\$1,909.00	
	Attn: Bnakruptcy P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 02/22 Last Active 12/09/22		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing			
	Yes	Other. Specify Credit Card			
4.4	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	8937	\$536.00	
	Attn: Bnakruptcy P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 07/18 Last Active 10/20/22		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only □ Disputed				
	At least one of the debtors and another	_ <u></u>	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community debt		ration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts		
	☐ Yes	■ Other Specify Credit Card			

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 23 of 73

	1 Miguel Bergollo 2 Jacqueline Camacho		Case number (if known)		
4.5	Capital One	Last 4 digits of account number	4559	\$468.00	
	Nonpriority Creditor's Name Attn: Bnakruptcy P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 07/18 Last Active 11/26/22	Ψ+33.33	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin	ration agreement or divorce that you did not		
	□ Yes	Other. Specify Credit Card	51 ,		
4.6	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9211	\$43.00	
	Attn: Bnakruptcy P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 10/20 Last Active 11/28/22		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharin			
	Yes	Other. Specify Credit Card	<u> </u>		
4.7	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	7598	\$0.00	
	Attn: Bnakruptcy P.O. Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 01/19 Last Active 7/30/22		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	□ Debtor 1 and Debtor 2 only □ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims			
	No	Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	■ Other Specify Credit Card	<u> </u>		

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 24 of 73

Debtor 2	Miguel Bergollo Jacqueline Camacho		Case number (if known)	
	Certified Credit & Collection Bureau Nonpriority Creditor's Name	Last 4 digits of account number	0001	\$5,521.90
	PO Box 1750 Whitehouse Station, NJ 08889	When was the debt incurred?		-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No No	☐ Debts to pension or profit-shari		
	Yes	Other. Specify Collector -	Medical	-
	Citibank Nonpriority Creditor's Name	Last 4 digits of account number	8860	\$2,048.00
	Attn: Bankruptcy P.O. Box 790034	When was the debt incurred?	Opened 09/15 Last Active 12/16/22	
	St Louis, MO 63179 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	As of the date you me, the dam's. Oneok an that apply		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit Care	d	-
	Convergent Heathcare Recoveries	Last 4 digits of account number	3888	\$3,204.00
	Nonpriority Creditor's Name 121 NE Jefferson Street Suite 100	When was the debt incurred?		
	Peoria, IL 61602 Number Street City State Zip Code	As of the date you file, the claim	in Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	is. Oneck all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Collector		

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 25 of 73

Debt Debt	or 1 Miguel Bergollo or 2 Jacqueline Camacho		Case number (if known)	
4.1 1	Credit One Bank	Last 4 digits of account number	5615	\$348.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 03/16 Last Active 11/04/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	,	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1 2	Credit One Bank	Last 4 digits of account number	3553	\$214.00
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 05/18 Last Active 11/04/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	debt ☐ Obligations arising out of a separation agreement or divorce that you did no		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1 3	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	0577	\$126.00
	Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 03/17 Last Active 11/04/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	t least one of the debtors and another Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	malana and albanas 9	
	■ No	☐ Debts to pension or profit-sharin		
	☐ Yes	■ Other. Specify Credit Card	I	

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 26 of 73

	Debtor 1 Miguel Bergollo Debtor 2 Jacqueline Camacho Case number (if known)			
4.1 4	Discover Financial	Last 4 digits of account number	0199	\$204.00
. ,	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 03/16 Last Active 12/02/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card		
4.1 5	Fortiva	Last 4 digits of account number	3582	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 105555 Atlanta CA 20248	When was the debt incurred?	Opened 11/20 Last Active 11/09/22	
	Atlanta, GA 30348 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims		
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1 6	General Revenue Corporation	Last 4 digits of account number	4635	\$588.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. 4660 Duke Dr, Ste 200	When was the debt incurred?	Opened 2/26/21	
	Mason, OH 45040 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify 07 Capella	University	

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 27 of 73

Carrier Financial Last 4 digits of account number S12 S10.00		or 1 Miguel Bergollo or 2 Jacqueline Camacho		Case number (if known)	
Genesis FS Card Services Po Box 4477 Beaverton, OR 97076 Number Street City State 2 pCode Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Disperted to offset?	4.1 7		Last 4 digits of account number	3312	\$0.00
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only As of the date you flie, the claim is: Check all that apply Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Nonpricety Creditor's Name PO Box 478 Bartonsville, PA 18321 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 9		Genesis FS Card Services Po Box 4477	When was the debt incurred?		
Debtor 2 only Orliquidated Debtor 1 and Debtor 2 only Orliquidated Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Orliquidated Debtor 1 and Debtor 2 only Disputed Student loans Orliquidated Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Disputed Orliquidated Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 or an order 2 Debtor 3 or 3		Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
Debtor 1 and Debtor 2 only		_			
At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim subject to offset? Check one. Check if this claim subject to offset? Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is the claim subject to offset? Check one. Check if this claim is claim claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this claim is for a community claim Check if this clai		_	_ '		
Check if this claim is for a community debt Student loans Check if this claim subject to offset? Check if this claim subject to offset? Contingent Check if this claim subject to offset? Contingent Check if this claim subject to offset? Contingent Check if this claim subject to offset? Check if this claim is for a community debt Check if t		·	·	d alaim.	
Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegation			<u></u>	d claim:	
No		debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
MedFirst Urgent Care		<u> </u>	<u>-</u>	a plane, and other similar debts	
MedFirst Urgent Care Nonpriority Creditor's Name PO Box 478 Bartonsville, PA 18321 Number Street City State 2 DCode Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only A1 least one of the debtors and another Check if this claim is for a community debt Nonpriority Creditor's Name PO Box 9201 Number Street City State 2 DCode Who Incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Medical Merrick Bank Nonpriority Creditor's Name PO Box 9201 Old Bethpage, NY 11804 Number Street City State 2 DCode Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Number Street City State 2 DCode Who Incurred the debtors and another Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Number Street City State 2 DCode Who Incurred the debtors and another Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only			•		
Nendrinst Urgent Care Nonpriority Creditor's Name PO Box 478 Bartonsville, PA 18321 Number Street City State 2p Code Who incurred the debt? Check one.		∐ Yes	Other. Specify Credit Card	<u> </u>	
PO Box 478 Bartonsville, PA 18321 Number Street City State 2ip Code Who incurred the debt? Check one. Check one. Check of the debt? Check one. Check of the debtor 2 only Contingent Check if this claim is for a community debt Check of the debtor and another Check if this claim is for a community debt Check of the debtor 2 only Check if this claim subject to offset? Check of the debtor 2 only Check of the debtor 3 only Check of the debt? Check one. Check of the debt? Check one. Check of the debt? Check one. Check of the debtor 3 only Check	4.1 8		Last 4 digits of account number	2125	\$65.00
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only		PO Box 478	When was the debt incurred?		
Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 per Served (City State Zip Code Who incurred the debt? Check one. Debtor 1 only Check one. Debtor 2 only Unliquidated Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 st he claim subject to offset? Student loans Check if this claim is for a community debt Last 4 digits of account number Served (City State Zip Code Who incurred the debt? Check one. Debtor 1 only Contingent Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts State 1 digits of account number Served (City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts		Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 per Served City State Zip Code Who incurred the debt? Check one. Debtor 1 only Check one. Debtor 2 only Unliquidated Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 state claim is for a community debt Is the claim subject to offset? Student loans Check if this claim is for a community debt Is the claim subject to offset? Student loans Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Student loans Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts		☐ Debtor 1 only	Contingent		
Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts A.1 Merrick Bank					
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Debts to pension or profit-sharing plans, and other similar debts A:1 No PO Box 9201 Old Bethpage, NY 11804 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts \$1,051.22 \$1,051.22			<u> </u>		
Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising plans, and other similar debts		<u> </u>	•	d claim:	
Check if this claim is for a community debt Is the claim subject to offset?		_		a Claiii.	
Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical A.1 Merrick Bank Nonpriority Creditor's Name PO Box 9201 Old Bethpage, NY 11804 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts \$1,051.22 \$1,051.22 \$1,051.22		debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Merrick Bank Nonpriority Creditor's Name PO Box 9201 Old Bethpage, NY 11804 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Medical Last 4 digits of account number 5845 \$1,051.22 When was the debt incurred? When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts		■ No.	<u>-</u>		
Nonpriority Creditor's Name PO Box 9201 Old Bethpage, NY 11804 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number 9845 When was the debt incurred? When was the debt incurred? Check all that apply As of the date you file, the claim is: Check all that apply Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 nonPriority unsecured claim: Debtor 6 nonPriority unsecured claim: Debtor 7 only Debtor 9 nonPriority claims Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 none of the debt incurred? Debtor 6 none of the debt incurred? Debtor 6 none of the claim is: Check all that apply			Other. Specify Medical		
PO Box 9201 Old Bethpage, NY 11804 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	4.1 9		Last 4 digits of account number	5845	\$1,051.22
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		PO Box 9201	When was the debt incurred?		
□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		Debtor 1 only	☐ Contingent		
■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 2 only	· ·		
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>	<u> </u>		
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts		<u> </u>	· ·	d claim:	
Is the claim subject to offset? report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		☐ Check if this claim is for a community	☐ Student loans		
■ No □ Debts to pension or profit-sharing plans, and other similar debts			report as priority claims	iration agreement or divorce that you did not	
		_		g plans, and other similar debts	
		☐ Yes	Other. Specify		

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 28 of 73

Debtor 1 Miguel Bergollo

Debtor 2 Jacqueline Camacho	Case number (if known)			
Merrick Bank Corp Nonpriority Creditor's Name	Last 4 digits of account number	6845		\$877.00
Po Box 9201 Old Bethpage, NY 11804	When was the debt incurred?	Opened 11/16 12/06/22	Last Active	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	1	
☐ Debtor 1 only	☐ Contingent			
■ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or d	ivorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other sim	ilar debts	
Yes	Other. Specify Credit Card	l		
Navient Solutions Inc	Last 4 digits of account number	0127		\$25,804.00
Nonpriority Creditor's Name Attn: Bankruptcy		Opened 01/14	Last Active	
P.O. Box 9500	When was the debt incurred?	11/07/22	Last Active	
Wilkes-Barre, PA 18773	_			
Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	1	
Who incurred the debt? Check one.	Пол			
☐ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:		
At least one of the debtors and another	_	d Claiii.		
☐ Check if this claim is for a community debt	Student loans			
Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	iration agreement or d	ivorce that you did not	
■ No	☐ Debts to pension or profit-sharin	a plans, and other sim	ilar debts	
☐ Yes	Other. Specify	,		
1 163	Educationa	ıl		
Navient Solutions Inc	Last 4 digits of account number	1008		\$8,858.00
Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 9500 Wilkes-Barre, PA 18773	When was the debt incurred?	Opened 10/21 11/07/22	Last Active	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	,	
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
■ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or d	ivorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other sim	ilar debts	
☐ Yes	Other. Specify			
	Educationa	ıl		

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 29 of 73

Debtor 2 Jacqueline Camacho					
4.2	Navient Solutions Inc	Last 4 digits of account number	0902	\$8,856.00	
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 9500 Wilkes-Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim i	Opened 09/21 Last Active 11/07/22 s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed			
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No ☐ Yes	report as priority claims Debts to pension or profit-sharin Other. Specify	ration agreement or divorce that you did not g plans, and other similar debts		
		Educationa	l		
4.2 4	Navient Solutions Inc	Last 4 digits of account number	0615	\$7,000.00	
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 9500 Wilkes-Barre, PA 18773	When was the debt incurred?	Opened 06/20 Last Active 11/07/22		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ■ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim: ration agreement or divorce that you did not		
	■ No □ Yes	☐ Debts to pension or profit-sharin☐ Other. Specify			
		Educational			
4.2 5	Navient Solutions Inc	Last 4 digits of account number	0615	\$5,500.00	
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 9500 Wilkes-Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim i	Opened 06/20 Last Active 11/07/22 s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only				
	\square At least one of the debtors and another	<u></u> '	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community debt	■ Student loans □ Obligations arising out of a sepa			
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts		
	Yes	Other. Specify			
		Educationa	I		

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 30 of 73

Debtor Debtor	Miguel Bergollo Jacqueline Camacho			
4.2 6	Navient Solutions Inc	Last 4 digits of account number	0128	\$5,440.00
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 9500 Wilkes-Barre, PA 18773	When was the debt incurred?	Opened 01/21 Last Active 11/07/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	l	
4.2 7	Navient Solutions Inc	Last 4 digits of account number	0906	\$3,621.00
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 9500 Wilkes-Barre, PA 18773	When was the debt incurred?	Opened 09/17 Last Active 11/07/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loansObligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	a plane, and other similar debts	
	□ Yes	·	g plans, and other similar debts	
	☐ Yes	Other. Specify	 II	
4.2 8	Navient Solutions Inc Nonpriority Creditor's Name	Last 4 digits of account number	0906	\$2,743.00
	Attn: Bankruptcy P.O. Box 9500 Wilkes-Barre, PA 18773	When was the debt incurred?	Opened 09/17 Last Active 11/07/22	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	L.L.C.	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	a ciaim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	☐ Other. Specify		
		Educationa	ıl	

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 31 of 73

Debte Debte	or 1 Miguel Bergollo or 2 Jacqueline Camacho		Case number (if known)	
4.2 9	Navy FCU	Last 4 digits of account number	5170	\$6,404.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119	When was the debt incurred?	Opened 04/22 Last Active 11/17/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Contingent ☐ Unliquidated ☐ Disputed		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Type of NONPRIORITY unsecured Student loans	d claim:	
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	,	
	Yes	Other. Specify Credit Card	<u> </u>	
4.3 0	Navy FCU Nonpriority Creditor's Name	Last 4 digits of account number	2327	\$19,191.00
	Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119	When was the debt incurred?	Opened 08/19 Last Active 11/01/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card		
4.3 1	OneMain Financial Nonpriority Creditor's Name	Last 4 digits of account number	6629	\$5,292.00
	Attn: Bankruptcy Po Box 3251 Evansville, IN 47731	When was the debt incurred?	Opened 06/20 Last Active 10/28/22	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another			
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	a plane, and other similar delet	
	■ No	Debts to pension or profit-sharin	g pians, and other similar debts	
	Yes	Other. Specify Unsecured		

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 32 of 73

Debtor Debtor	1 Miguel Bergollo 2 Jacqueline Camacho		Case number (if known)					
4.3	Resurgent Capital Services	Last 4 digits of account number	0227	\$454.00				
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 Greenville, SC 29603	When was the debt incurred?	Opened 11/17 Last Active 6/26/21					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply					
	Debtor 1 only	Contingent						
	Debtor 2 only		☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
	□Yes	■ Other. Specify N.A.	Company Account Capital One					
4.3	Resurgent Capital Services Nonpriority Creditor's Name	Last 4 digits of account number	9863	\$1,360.00				
	Attn: Bankruptcy Po Box 10497	When was the debt incurred?	Opened 07/22					
	Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i						
	_							
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only							
	☐ At least one of the debtors and another	Student loans						
	Check if this claim is for a community debt	☐ Obligations arising out of a sepa						
	Is the claim subject to offset?	report as priority claims						
	No	Debts to pension or profit-sharin						
	Yes	■ Other. Specify Bank N.A.						
4.3	Service Finance Company Nonpriority Creditor's Name	Last 4 digits of account number	7711	\$7,405.00				
	Attn: Bankruptcy 555 S Federal Highway Boca Raton, FL 33432	When was the debt incurred?	Opened 12/21 Last Active 11/08/22					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	☐ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sena	aration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims						
	No	\square Debts to pension or profit-sharing plans, and other similar debts						
	Yes	■ Other. Specify Home Impr						

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 33 of 73

	or 2 Jacqueline Camacho	Case number (if known)				
4.3 5	SOMA Skin and Laser	Last 4 digits of account number	7061	\$242.00		
	Nonpriority Creditor's Name 90 Millburn Ave, Ste 206	When was the debt incurred?		<u> </u>		
	Millburn, NJ 07041 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	☐ Debtor 1 only	Contingent				
	☐ Debtor 2 only	Unliquidated				
	■ Debtor 1 and Debtor 2 only	Disputed	I alaim.			
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i ciaim:			
	☐ Check if this claim is for a community debt					
	Is the claim subject to offset?	 Obligations arising out of a sepa report as priority claims 	ration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Medical				
4.3 6	Synchrony Bank/Care Credit Nonpriority Creditor's Name	Last 4 digits of account number	7681	\$1,783.00		
	Attn: Bankruptcy Dept Po Box 965064 Orlando, FL 32896	When was the debt incurred?	Opened 06/22 Last Active 12/18/22			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	_	ration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	■ Other. Specify Charge Acc				
4.3	University Physician Assoc of NJ		8523	\$773.00		
7	Nonpriority Creditor's Name PO Box 23297	Last 4 digits of account number When was the debt incurred?		φ <i>11</i> 3.00		
	New York, NY 10087	_				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	П -				
	Debtor 2 only	☐ Contingent				
	<u> </u>	Unliquidated				
	■ Debtor 1 and Debtor 2 only	Disputed	l claim:			
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plans, and other similar debte			
	■ No		א אימויס, מווע טנוופו אווווומו עפטנא			
	☐ Yes	Other. Specify Medical				

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 34 of 73

Debtor 1 Miguel Bergollo Debtor 2 Jacqueline Camacho		Case number (if known)
		the additional creditors here. If you do not have additional persons to be
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?
Carson Smithfield, LLC	Line 4.19 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 9216 Old Bethpage, NY 11804		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2	? did you list the original creditor?
St. Peters University Hosp	Line 4.10 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
254 Easton Ave. New Brunswick, NJ 08901		■ Part 2: Creditors with Nonpriority Unsecured Claims
,	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	•		01		Total Claim
Total	6f.	Student loans	6f.	\$	67,822.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	•	•	0.00
	C.L.	you did not report as priority claims	6g.	\$	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	62,061.12
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	129,883.12

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 35 of 73

Debtor 1 Miguel Bergollo First Name Middle Name Last Name Debtor 2 Jacqueline Camacho
Debtor 2 Jacqueline Camacho
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY
Case number

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the cer, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	•				
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.5			·		
	Name				
	Number	Street			
	City		State	ZIP Code	_

Fill in this int	ormation to identify your	case:			
Debtor 1	Miguel Bergollo				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Jacqueline Cama	Cho Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF NEW JE	KSEY		
Case number (if known)					☐ Check if this is an amended filing
Official F	Form 106H				
	le H: Your Cod	ebtors			12/15
people are fili ill it out, and our name an	ng together, both are equ number the entries in the d case number (if known)	ally responsible for sup boxes on the left. Attac . Answer every question	plying correct information that the Additional Page to the control of the control	on. If more space is ne this page. On the top	te as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write
1. Do you	u have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Yes					
Arizona, (California, Idaho, Louisiana,				states and territories include
■ No. Go	o to line 3. id your spouse, former spo	use, or legal equivalent liv	e with you at the time?		
in line 2	again as a codebtor only i SD), Schedule E/F (Official	f that person is a guarar	ntor or cosigner. Make s	ure you have listed the	with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	umn 1: Your codebtor e, Number, Street, City, State and Z	P Code		Column 2: The cree Check all schedules	ditor to whom you owe the debt s that apply:
3.1 Nan	ne			□ Schedule D, line □ Schedule E/F, line □ Schedule G, line	ne
Nun City		State	ZIP Code	-	
3.2 Nan	ne			☐ Schedule D, line ☐ Schedule E/F, lin	ne
Nun City	nber Street	State	ZIP Code	-	

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 37 of 73

Debtor 1 Miguel Bergollo Debtor 2 Jacqueline Camacho Case number Cithecker Titrigo							1			
Debtor 2 Jacqueline Camacho Spouse, if firing) Jacqueline Camacho Spouse, if firing) Jacqueline Camacho Schedule I: Your Income A supplement showing postpetition chapter 13 income as of the following date: MM / DD/YYYY 12/15 Schedule I: Your Income MM / DD/YYYY 12/15 Be as complete and accurate as possible. If two married people are filing jointly, and your spouse is living with you, include information about your spouses. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, statch a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fair 1:										
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number (#known) Official Form 106! Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Debtor 2 or non-filing spouse in the form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse in the space in the spouse unless you are separated. How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you read more space, attach a separated. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2 \$ 0.00 \$ 22,598.33	Deb	otor 1 Miguel B	ergollo			_				
Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: MM / DD/YYYY		- uoquon	ne Camacho			_				
Official Form 106I Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for spusphying correct information. If you are married and not filing jointly, and your spouse is fiving with you, include information about your spouse is not filing with you, do not include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separates sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part II Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's address 5930 Cornerstone Court West Ste 300 San Diego, CA 92121 How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 22,598.33 Estimate and list monthly overtime pay. 3. +\$ 0.00 \$ 0.00	Uni	ted States Bankruptcy Court for	the: DISTRICT OF NEW J	IERSEY						
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2, both are equally responsible for sputplying correct information. If you are married and not filing with you, do not include information about your spouse. If more space is needed, attach a separate and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:				-			☐ An amende☐ A suppleme	d filing ent showing postpetition		
Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's name Employer's address Cocupation may include student or homemaker, if it applies. Betwice the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 22,598.33 3. Estimate and list monthly overtime pay.	O ¹	fficial Form 106I								
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If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Debtor 1 Employed Not employed Not employed Not employed Not employed Not employed Not employed AYA Healthcare Employer's name Employer's address Sp30 Cornerstone Court West Ste 300 San Diego, CA 92121 How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 22,598.33 3. Estimate and list monthly overtime pay.	sup spo atta	plying correct information. If use. If you are separated and ch a separate sheet to this fo	you are married and not filii your spouse is not filing w rm. On the top of any additi	ng jointly, and your ith you, do not inclu	spouse i de infori	s livi natio	ing with you, inclu on about your spo	ude information about ouse. If more space is	your needed,	
attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Cocupation may include student or homemaker, if it applies. Employer's address Sp30 Cornerstone Court West Ste 300 San Diego, CA 92121 How long employed there? Fart 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 22,598.33 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 \$ 0.00	1.			Debtor 1	Debtor 1			Debtor 2 or non-filing spouse		
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Self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Cocupation may include student or homemaker, if it applies. Employer's address 5930 Cornerstone Court West Ste 300 San Diego, CA 92121 How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 22,598.33 3. Estimate and list monthly overtime pay.		employers.	Occupation							
How long employed there? Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 22,598.33 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00			r Employer's name				AYA He	ealthcare		
Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 22,598.33 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00			ent Employer's address				300		est Ste	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$			How long employed t	here?						
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse	Par	t 2: Give Details About	Monthly Income							
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ 22,598.33 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00	spou If yo	use unless you are separated. u or your non-filing spouse have	e more than one employer, co	-		-				
 deductions). If not paid monthly, calculate what the monthly wage would be. \$							For Debtor 1			
	2.				2.	\$	0.00	\$ 22,598.33		
4. Calculate gross Income. Add line 2 + line 3. 4. \$ \$ \$ \$	3.	Estimate and list monthly o	vertime pay.		3.	+\$	0.00	+\$0.00		
	4.	Calculate gross Income. Ad	ld line 2 + line 3.		4.	\$	0.00	\$ 22,598.33		

Official Form 106I Schedule I: Your Income page 1

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 38 of 73

	tor 1 tor 2	Miguel Bergollo Jacqueline Camacho	-	Case number (if known)				
				For Debtor 1		Debtor 2 or n-filing spouse		
	Cop	y line 4 here	4.	\$ 0.00	\$	22,598.33		
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	\$	6,799.56		
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	\$	0.00		
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00	\$_	0.00		
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00	\$_	0.00		
	5e.	Insurance	5e.	\$ 0.00	\$_	1,122.29		
	5f.	Domestic support obligations	5f.	\$ 0.00	\$_	0.00		
	5g.	Union dues	5g.	\$ 0.00		0.00		
	5h.	Other deductions. Specify:	5h.+		_	0.00		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$0.00	\$	7,921.85		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$_	14,676.48		
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	\$	0.00		
	8b.	Interest and dividends	8b.	\$ 0.00	\$_	0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$	0.00		
	8d.	Unemployment compensation	8d.	\$ 0.00	\$	0.00		
	8e.	Social Security	8e.	\$0.00	\$	0.00		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$ 0.00	\$	0.00		
	8g.	Pension or retirement income	8g.	\$ 1,648.65	\$	0.00		
	8h.	Other monthly income. Specify:	8h.+	\$0.00	+ \$_	0.00		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$1,648.65	\$	0.00		
10.	Calo	culate monthly income. Add line 7 + line 9.	10. \$	1,648.65 + \$	14 (676.48 = \$ 16,325.13		
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		1,040.00	, ,	10,020.10		
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00							
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certaines				12. \$ 16,325.13 Combined		
13.	Do	you expect an increase or decrease within the year after you file this form	?			monthly income		
		No.						
		Yes. Explain:						

ΞIII	in this informa	ation to identify yo	our case:			Ī		
	tor 1	Miguel Berge				Check	; if this is:	
	101 1	Wilguer Bergi	JIIO				an amended filing	
Deb	tor 2	Jacqueline C	Camacho					ving postpetition chapter
(Spo	ouse, if filing)					1	3 expenses as of	the following date:
Unit	ed States Bank	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY		N	MM / DD / YYYY	
	e number nown)							
\Box	fficial Fo	orm 106J						
		J: Your	Exper	nses				12/1
Be info nur	as complete ormation. If n nber (if know	and accurate as nore space is ne n). Answer ever	s possible. eded, atta ry question	. If two married people ar ch another sheet to this				
Par 1.	t 1: Desc Is this a joi	ribe Your House	:hold					
١.	□ No. Go to							
	_	es Debtor 2 live i	in a conar	ata hausahald?				
			iii a sepai	ate nousenoid?				
	■ N		st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Debto	or 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		5	■ Yes
								□ No
					Son		11	Yes
								□ No
					Daughter		13	Yes
								□ No
3.	expenses of	penses include of people other the	han $_{oldsymbol{\sqcap}}$	No Yes				☐ Yes
	yourself an	d your depende	nts? —	100				
Par Est	imate your e	nate Your Ongoi xpenses as of yo	our bankrı	uptcy filing date unless y	ou are using this fo	orm as a sup	plement in a Cha	pter 13 case to report
	enses as of a licable date.		oankruptc	y is filed. If this is a supp	olemental Schedule	J, check the	box at the top o	f the form and fill in the
the	lude expense value of suc ficial Form 10	h assistance an	non-cash g d have ind	government assistance i luded it on <i>Schedule I:</i> \	f you know our Income		Your exp	enses
4.		or home owners		ses for your residence. I	nclude first mortgage	e 4. \$		3,157.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
	•	erty, homeowner's	-			4b. \$		0.00
			•	upkeep expenses		4c. \$		200.00
	4d. Home	eowner's associat	aon or cond	uominium aues		4d. \$		0.00

5. \$

0.00

5. Additional mortgage payments for your residence, such as home equity loans

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 40 of 73

Debtor 1	Miguel Bergollo			
Debtor 2	Jacqueline Camacho	Case num	ber (if known)	
. Utiliti	es:			
6a.	Electricity, heat, natural gas	6a.	\$	500.00
	Water, sewer, garbage collection	6b.	· : ————	100.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	430.00
6d.	Other. Specify:	6d.	\$	0.00
	and housekeeping supplies		\$	1,000.00
	care and children's education costs	8.	\$	150.00
Cloth	ing, laundry, and dry cleaning	9.	\$	200.00
	onal care products and services	10.	\$	150.00
1. Medio	cal and dental expenses	11.	\$	400.00
	sportation. Include gas, maintenance, bus or train fare.		•	
	t include car payments.	12.	\$	600.00
3. Enter	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
4. Chari	table contributions and religious donations	14.	\$	0.00
5. Insur	ance.			
	of include insurance deducted from your pay or included in lines 4 or 20.		_	
	Life insurance	15a.	·	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	·	184.07
	Other insurance. Specify:	15d.	\$	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	40	•	
Speci	·	16.	\$	0.00
	Ilment or lease payments: Car payments for Vehicle 1	17a.	¢	242.85
	• •	17a. 17b.	·	
	Car payments for Vehicle 2		\$	612.45
	Other Specify:	17c.	*	0.00
	Other. Specify:	17d.	\$	0.00
	payments of alimony, maintenance, and support that you did not report as cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	r payments you make to support others who do not live with you.		\$	0.00
Speci		19.	<u> </u>	0.00
	real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>		our Income.	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
1. Other	: Specify:	21.	+\$	0.00
	· ,			0.00
	late your monthly expenses			
	Add lines 4 through 21.		\$	8,126.37
22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. A	Add line 22a and 22b. The result is your monthly expenses.		\$	8,126.37
3 Calcu	late your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	16,325.13
	Copy your monthly expenses from line 22c above.	23a. 23b.		8,126.37
200.	Copy your monthly expenses from the 220 above.	200.	Ψ	0,120.31
23c.	Subtract your monthly expenses from your monthly income.			_
	The result is your monthly net income.	23c.	\$	8,198.76
	, , , , , , , , , , , , , , , , , , , ,			
	ou expect an increase or decrease in your expenses within the year after your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect your			or doorooso boosuso of a
	ample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage?	i mongage j	payment to increase	e or decrease because of a
■ No	, 5 5			
☐ Ye				

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 41 of 73

	mation to identify your	case:			
Debtor 1	Miguel Bergollo First Name	Martin Name	Last Name		
Dahtar O		Middle Name	Last Name		
Debtor 2 Spouse if, filing)	Jacqueline Cama	Middle Name	Last Name		
opouse ii, iiiiig)	i iist Name	Middle Name	Last Name		
Jnited States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number					
if known)				☐ Check if thi	is is an
				amended fi	iling
btaining money		n connection with a bankrupto		Making a false statement, concealing profines up to \$250,000, or imprisonment fo	
Sig	n Below				
Did you pa	y or agree to pay some	one who is NOT an attorney to	help you fill out ban	nkruptcy forms?	
■ No					
☐ Yes. I	Name of person			Attach Bankruptcy Petition Prepar Declaration, and Signature (Officia	
	alty of perjury, I declare e true and correct.	that I have read the summary	and schedules filed v	with this declaration and	
X /s/ Mig	juel Bergollo		X /s/ Jacquelin	e Camacho	
Migue	l Bergollo		Jacqueline C	Camacho	
Signatu	re of Debtor 1		Signature of De	ebtor 2	
Date I	December 30, 2022		Date Dece m	nher 30, 2022	

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 42 of 73

FIII	in this inform	nation to identify you	case:						
Deb	otor 1	Miguel Bergollo First Name	Middle Name	Last Name					
Deb	otor 2	Jacqueline Cam		Last Name					
	use if, filing)	First Name	Middle Name	Last Name					
Uni	ted States Bar	nkruptcy Court for the:	DISTRICT OF NEW JER	SEY					
Cas	se number								
	own)					check if this is an			
					a	mended filing			
○ t	Calal Eas	107							
	ficial For								
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/22			
					equally responsible for sup				
		ore space is needed, i). Answer every que:		this form. On the top of any	y additional pages, write you	ir name and case			
Dar	t 1: Give D	etails About Vour Ma	arital Status and Where You	Lived Refore					
1		current marital statu		LIVEU DEIOIE					
٠.		Current maritar state	3:						
	■ Married	er e a							
	□ Not mar	riea							
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?					
	No								
	☐ Yes. List	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.							
	Debtor 1:		Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2			
			lived there			lived there			
3. state					ity property state or territory				
siaic	o and torntorn	cs include Anzona, oa	mornia, idano, Lodisiana, ive	vada, rew mexico, r derio re	ico, rexas, washington and w	1300113111.)			
	■ No								
	☐ Yes. Ma	ke sure you fill out Sch	hedule H: Your Codebtors (O	fficial Form 106H).					
Par	t 2 Explain	n the Sources of You	r Income						
4.			nployment or from operatin u received from all jobs and a		ear or the two previous cale: -time activities.	ndar years?			
			have income that you receiv						
	□ No								
	_	in the details.							
			Dalifand		Dalifar 0				
			Debtor 1	Grace income	Debtor 2 Sources of income	Grass income			
			Sources of income Check all that apply.	Gross income (before deductions and	Check all that apply.	Gross income (before deductions			
			,,,,	exclusions)	,,,,	and exclusions)			
		of current year until	☐ Wages, commissions,	\$0.00	■ Wages, commissions,	\$144,356.47			
the	date you filed	d for bankruptcy:	bonuses, tips		bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 43 of 73

Debtor 2 Jacqueline Camacho				Cas	Case number (if known)					
					Debtor 1			Debtor 2		
					Sources of income Check all that apply.	(befo	s income re deductions and sions)	Sources of inc		Gross income (before deductions and exclusions)
/ lanuary 1 to December 31 2021)		■ Wages, commissions, bonuses, tips		\$201,330.00	■ Wages, commissions, bonuses, tips		\$0.00			
					☐ Operating a business			☐ Operating a	business	
				ar before that: nber 31, 2020)	■ Wages, commissions, bonuses, tips		\$157,914.00	■ Wages, combonuses, tips	missions,	\$0.00
					☐ Operating a business			☐ Operating a	business	
	winnin	ngs. Ì ach s No	f you a	are filing a joint cas	pensions; rental income; interest and you have income that ome from each source sepa	it you rece	ived together, list it	only once under De	ebtor 1.	a gambling and lottery
					Debtor 1			Debtor 2		
					Sources of income Describe below.	each (befo	s income from source re deductions and sions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
				urrent year until r bankruptcy:	Disability		\$19,776.00			
Par 6.				-	Made Before You Filed fo					
.	_	No.	Neith individ	er Debtor 1 nor De	Debtor 2 has primarily con personal, family, or housel pre you filed for bankruptcy,	sumer de nold purpos	bts. Consumer deb se."			1(8) as "incurred by an
				No. Go to line 7	, , , , , , , , , , , , , , , , , , , ,	dia you pe	ly arry ordanor a tou	αι οι φτ,οτο ' οι πιο	0.	
				es List below e paid that cr	each creditor to whom you peditor. Do not include paym payments to an attorney for ton 4/01/25 and every 3 years.	ents for do r this bank	mestic support obli ruptcy case.	gations, such as ch	nild support a	nd alimony. Also, do
	■ Y	es.			or both have primarily constructions or you filed for bankruptcy,			al of \$600 or more?		
				No. Go to line 7						
				es List below e	each creditor to whom you p ments for domestic support this bankruptcy case.					
	Cred	litor's	s Nam	e and Address	Dates of payn	nent	Total amount	Amount you still owe	Was this p	payment for

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 44 of 73

	otor 2 Jacqueline Camacho		Cas	se number (if known)		
7.	Within 1 year before you filed for bankrupi Insiders include your relatives; any general p of which you are an officer, director, person in a business you operate as a sole proprietor. alimony.	artners; relatives of any gern control, or owner of 20% of	neral partners; partners partners or more of their votin	erships of which yog g securities; and a	ou are a genera ny managing a	I partner; corporations gent, including one fo
	■ No□ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or contact the payments of the payme		yments or transfer a	any property on a	ccount of a de	bt that benefited an
	No☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Dor	t 4: Identify Legal Actions, Repossessio	and Forcelegures	palu	Still OWE	include cred	tor s riame
	☐ No ☐ Yes. Fill in the details. Case title Case number	Nature of the case	Court or agency		Status of th	e case
	Case number Carrington Mortgage Services v. Bergollo and Camacho F-9297-22	Foreclosure	Superior Court of New Jersey Somerset County 40 North Bridge Street, 1st Floor PO Box 3000 Somerville, NJ 08876		Pending On appe Conclude	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.		erty repossessed, 1	oreclosed, garnis	shed, attached	, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happene	d			property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.		cluding a bank or fi	nancial institutior	n, set off any a	mounts from your
	Creditor Name and Address			Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess			fit of creditors, a

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 45 of 73

	otor 1 otor 2	Jacqueline Camacho		Case numb	DET (if known)			
Dar	t 5:	List Certain Gifts and Contribution	ne.					
				alid very mine one nifts with a total value of man	- than \$600 man manage			
13.	_	n 2 years before you filed for bankr No	uptcy	, did you give any gifts with a total value of mor	e tnan \$600 per person	<i>?</i>		
		Yes. Fill in the details for each gift.						
		s with a total value of more than \$60 person	00	Describe the gifts	Dates you gave the gifts	Value		
		on to Whom You Gave the Gift and ress:						
14.	_	n 2 years before you filed for bankr	uptcy	, did you give any gifts or contributions with a t	otal value of more than	\$600 to any charity?		
		Yes. Fill in the details for each gift or c	ontrib	ution.				
	more Char	s or contributions to charities that tethen \$600 rity's Name ress (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value		
Par	t 6:	List Certain Losses						
15.	or ga	mbling? No	iptcy c	or since you filed for bankruptcy, did you lose a	nything because of thef	t, fire, other disaster		
		Yes. Fill in the details.	Daga	with any incurence according for the loca	Date of your	Value of premorts		
		cribe the property you lost and the loss occurred	Inclu	cribe any insurance coverage for the loss de the amount that insurance has paid. List pendin ance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost		
Par	t 7:	List Certain Payments or Transfers	s					
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.							
		No						
	= '	Yes. Fill in the details.						
		son Who Was Paid		Description and value of any property	Date payment	Amount of		
		ress ill or website address on Who Made the Payment, if Not Y	′ou	transferred	or transfer was made	payment		
	79 V Suit Chic sjg@	ghan Law LLC V. Monroe St. te 1006 cago, IL 60603 @uprightlaw.com; ces@uprightlaw.com		Attorney Fees - 1562 Filing Fees - \$313	8/30/2022	\$1,875.00		
17.	prom		ditors	did you or anyone else acting on your behalf pa or to make payments to your creditors? sted on line 16.	iy or transier any prope	rty to arryone wno		
	□ 1	No						
	_	Yes. Fill in the details.						
	Pers Addı	son Who Was Paid ress		Description and value of any property transferred	Date payment or transfer was made	Amount of payment		

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 46 of 73

Debtor 1 Miguel Bergollo
Debtor 2 Jacqueline Camacho

Case number (if known)

Brunswick Law Group c/o Ira Frazer, Esq. 7514 Girard Ave #1-518 La Jolla, CA 92873 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes, Fill in the details. Person Who Received Transfer Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes, Fill in the details. Description and value of the property transferred Date Transfer was made Part 82. List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Unithin 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include Checking, savings, money market, or other financial institutions. No Yes, Fill in the details. Name of Financial Institution and Address (humber, Street, City, State and ZIP Code) Yes, Fill in the details. Name of Storage Facility Address (humber, Street, City, State and ZIP Code) Yes, Fill in the details. Name of Storage Facility Address (humber, Street, City, State and ZIP Code) Yes, Fill in the details. Name of Storage Facility Address (humber, Street, City, State and ZIP Code) No Yes, Fill in the detai		Person Who Was Paid Address	Description and value of any property transferred			Date payment or transfer was made	Amount of payment
transferred in the ordinary course of your business or financial affairs? Include both outlight transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No		c/o Ira Frazer, Esq. 7514 Girard Ave #1-518	\$3990 in two ins	stallments of \$1	995.00		\$3,990.00
Person Who Received Transfer Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Describe the contents Do you still have it?		transferred in the ordinary course of your bus Include both outright transfers and transfers made include gifts and transfers that you have already in No	iness or financial affa e as security (such as t	iirs? he granting of a se			
19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to It? Address (Number, Street, City, State and ZIP Code) Who else has or had access to It? Address (Number, Street, City, State and ZIP Code) Do you still have It?		Person Who Received Transfer	•		payments	s received or debts	
■ No □ Yes. Fill in the details. Name of trust □ Description and value of the property transferred □ Date Transfer was made □ Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? □ Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. □ No □ Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and 2IP Code) □ Yes. Fill in the details. Name of Financial Institution ■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and 2IP Code) ■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and 2IP Code) ■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) ■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) ■ No □ Yes. Fill in the details. No □ Address (Number, Street, City, State and ZIP Code) No □ Yes. Fill in the details. No □ Yes. Fill in the details.		Person's relationship to you				J .	
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State City, Address (Number, Street, City, Address (Numb	beneficiary? (These are often called asset-protection devices.) No					of which you are a	
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Do you still have it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)		Name of trust	Description and v	alue of the prope	rty transfer	red	
Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument Type of account or instrument Date account was closed, sold, moved, or transferred Last balance before closing or transferred Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Do you still have it? Do you still have it? Do you still have it?		Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa No	were any financial acother financial accour	counts or instrum	nents held i		
Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred before closing or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents Do you still have it? No Yes. Fill in the details. Name of Storage Facility Who else has or had access to it? Address (Number, Street, City, Code) Describe the contents Do you still have it? Address (Number, Street, City, Street, City, Street, City, City				_			
No ☐ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Population Who else had access to it? Address (Number, Street, City, State and ZIP Code) Do you still have it? No ☐ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Population Do you still have it? Address (Number, Street, City, State and ZIP Code)		Address (Number, Street, City, State and ZIP			cl m	osed, sold, oved, or	before closing or
Address (Number, Street, City, State and ZIP Code)	21.	cash, or other valuables?	ar before you filed for	bankruptcy, any	safe depos	it box or other deposi	tory for securities,
Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ■ No □ Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Do you still have it?			Address (Number, S		escribe the	contents	
Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	22.	Have you stored property in a storage unit or p	,	home within 1 ye	ear before y	ou filed for bankrupto	y?
Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City,		_ ''					
		-	to it? Address (Number, S		escribe the	contents	•

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 47 of 73

Debtor 1 Miguel Bergollo
Debtor 2 Jacqueline Camacho

Case number (if known)

Par	9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty yo	ou borrowed from, are storing fo	r, or hold in trust			
	No							
	Yes. Fill in the details.	Where is the preparty?	Da	acriba tha mranartu	Value			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	value			
Par	: 10: Give Details About Environmental Inform	nation						
For	he purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun	_	-				
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.							
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n the	ey occurred.				
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e unc	der or in violation of an environm	ental law?			
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any release of hazardous material?							
	■ No							
	Yes. Fill in the details.	0		Forder on tallers 16	Data at matica			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or admini	strative proceeding under any env	rironr	mental law? Include settlements	and orders.			
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Par	11: Give Details About Your Business or Cor	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of	the following connections to an	y business?			
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, eith	er full-time or part-time				
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing execu	tive of a corporation						
	☐ An owner of at least 5% of the voting of	r equity securities of a corporation	1					

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 48 of 73

	otor 1 Miguel Bergollo otor 2 Jacqueline Camacho	Ca	se number (if known)
	■ No. None of the above applies. Go to I Yes. Check all that apply above and fill	Part 12. I in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
28.	nyone about your business? Include all financial		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
I hav		false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
Mig	Miguel Bergollo juel Bergollo nature of Debtor 1	/s/ Jacqueline Camacho Jacqueline Camacho Signature of Debtor 2	
Dat	December 30, 2022	Date December 30, 2022	
Did: ■ N □ Y		ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
		t an attorney to help you fill out bankrupto	

Fill in this information to identify your case:					
Debtor 1	Miguel Bergollo				
Debtor 2 (Spouse, if filing)	Jacqueline Camacho				
United States B	Bankruptcy Court for the: District of New Jersey				
Case number (if known)					

Check as directed in lines 17 and 21:					
According to the calculations required by this Statement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
•	 Disposable income is determined under 11 U.S.C. § 1325(b)(3). 				
	3. The commitment period is 3 years.				
	4. The commitment period is 5 years.				

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ☐ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 12,099.27 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 50 of 73

Case number (if known)

				Column Debtor		Column B Debtor 2 non-filing	or	
7.	Interest, dividends, and royalties			\$	0.00	\$	0.00	
8.	Unemployment compensation			\$	0.00	\$	0.00	•
	Do not enter the amount if you contend that the the Social Security Act. Instead, list it here:	e amount received was	a benefit under					•
	For you	\$	0.00					
	For your spouse		0.00					
 	Pension or retirement income. Do not include benefit under the Social Security Act. Also, except the social Security Act. Also, except the include any compensation, pension, pay, and United States Government in connection with a disability, or death of a member of the uniformer pay paid under chapter 61 of title 10, then includes not exceed the amount of retired pay to wife retired under any provision of title 10 other the	ept as stated in the nean nuity, or allowance part is ability, combat-related services. If you recended that pay only to the which you would otherw	at sentence, do id by the ted injury or ived any retired extent that it ise be entitled	\$	1,648.65	5 \$	0.00	
10.	Income from all other sources not listed about the continuity of t	Specify the source Social Security Act; parainst humanity, or interpay, annuity, or alloward disability, combat-related services. If necessal	e and amount. ayments national or nce paid by the ted injury or					
				\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if	any.	+	\$	0.00	\$	0.00	
art 2	each column. Then add the total for Column A Determine How to Measure Your Ded		B. \$	1,648.6	5 + \$	12,099.27		13,747.92 otal average onthly income
	Copy your total average monthly income fro						\$	13,747.92
	☐ You are not married. Fill in 0 below.							
	You are married and your spouse is filing	with you. Fill in 0 below	<i>I</i> .					
	☐ You are married and your spouse is not fil	•						
	Fill in the amount of the income listed in lidependents, such as payment of the spou	ne 11, Column B, that v						
	Below, specify the basis for excluding this adjustments on a separate page.		nt of income dev	oted to e	each purpo	se. If necessar	y, list add	itional
	If this adjustment does not apply, enter 0 I	pelow.	•					
			•					
			. 0					
	Total		\$		0.00	Copy here=>		0.00
14.	Your current monthly income. Subtract line	e 13 from line 12.					\$	13,747.92
15.	Calculate your current monthly income for	the year. Follow thes	e steps:					
	,	,						13,747.92

Miguel Bergollo

Jacqueline Camacho

Debtor 1 Debtor 2

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 51 of 73

Debtor Debtor			quel Bergollo equeline Camacho		Case number (if known)	
		N	fultiply line 15a by 12 (the number of months in	a year).		x 12
	15k	o. T	he result is your current monthly income for the	year for this part of	the form.	\$ <u>164,975.04</u>
16.	Calc	ulat	e the median family income that applies to y	ou. Follow these ste	eps:	
	16a.	Fill	n the state in which you live.	NJ		
	16b.	Fill	n the number of people in your household.	5		
		To f	n the median family income for your state and s ind a list of applicable median income amounts ructions for this form. This list may also be avail the lines compare?	, go online using the		\$153,887.00_
	17a.		Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N			
	17b.	I	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 at	lation of Your Disp		
Part	3:	С	alculate Your Commitment Period Under 11	J.S.C. § 1325(b)(4)		
18.	Сор	у уо	ur total average monthly income from line 1	1.		\$ 13,747.92
	cont spou 19a.	end ise's If th	the marital adjustment if it applies. If you are that calculating the commitment period under 1 income, copy the amount from line 13. e marital adjustment does not apply, fill in 0 on the tract line 19a from line 18.	I U.S.C. § 1325(b)(4	e is not filing with you, and you I) allows you to deduct part of your	-\$ <u>0.00</u> \$ 13,747.92
						10,141.02
			e your current monthly income for the year.			¢ 13,747.92
	20a.		y line 19b			Ψ
		Mul	tiply by 12 (the number of months in a year).			x 12
	20b.	The	result is your current monthly income for the year	ear for this part of the	e form	\$ 164,975.04
	20c.	Cop	by the median family income for your state and s	size of household fro	om line 16c	\$ <u>153,887.00</u>
	21.	Нον	v do the lines compare?			
			Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4.	se ordered by the cou	urt, on the top of page 1 of this form	m, check box 3, The commitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise order	red by the court, on the top of page	1 of this form, check box 4, The
Part			gn Below			
	By s	ignir	g here, under penalty of perjury I declare that the	ne information on this	s statement and in any attachment	s is true and correct.
Х			uel Bergollo Bergollo		/s/ Jacqueline Camacho Jacqueline Camacho	
			re of Debtor 1		Signature of Debtor 2	
	Date		ecember 30, 2022		Date December 30, 2022	
	If vo		M / DD / YYYY ecked 17a, do NOT fill out or file Form 122C-2		MM/DD/YYYY	

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 52 of 73

Debtor 1 Debtor 2	Jacqueline Camacho	Case number (if known)	

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 53 of 73

Fill in	this information to identify your case:			
Debtor	Miguel Bergollo	_		
Debtor (Spous	r 2 Jacqueline Camacho se, if filing)	-		
United	States Bankruptcy Court for the: District of New Jersey	_		
Case r (if know	number wn)	_ ☐ Check	if this is an amende	d filing
	pter 13 Calculation of Your Disposable	Income		04/22
	out this form, you will need your completed copy of <i>Chapter 13 States itment Period</i> (Official Form 122C-1).	ment of Your Current Monthly	Income and Calculati	on of
space i additio	complete and accurate as possible. If two married people are filing to is needed, attach a separate sheet to this form, Include the line numbinal pages, write your name and case number (if known).			
Part 1	Calculate Your Deductions from Your Income			
the	Internal Revenue Service (IRS) issues National and Local Standards questions in lines 6-15. To find the IRS standards, go online using the IRS may also be available at the bankruptcy clerk's office.			
exp	luct the expense amounts set out in lines 6-15 regardless of your actual exenses if they are higher than the standards. Do not include any operating 6C–1, and do not deduct any amounts that you subtracted from your spous	expenses that you subtracted fro	m income in lines 5 an	
If yo	our expenses differ from month to month, enter the average expense.			
Note	e: Line numbers 1-4 are not used in this form. These numbers apply to info	ormation required by a similar for	m used in chapter 7 ca	ises.
5.	The number of people used in determining your deductions from inc	come		
	Fill in the number of people who could be claimed as exemptions on your plus the number of any additional dependents whom you support. This number of people in your household.		5	
Nati	ional Standards You must use the IRS National Standards to an	nswer the questions in lines 6-7.		
6.	Food, clothing, and other items: Using the number of people you enter Standards, fill in the dollar amount for food, clothing, and other items.	red in line 5 and the IRS Nationa	\$	2,244.00
7.	Out-of-pocket health care allowance: Using the number of people you the dollar amount for out-of-pocket health care. The number of people is people who are 65 or olderbecause older people have a higher IRS allo	split into two categoriespeople	who are under 65 and	

higher than this IRS amount, you may deduct the additional amount on line 22.

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 54 of 73

Miguel Bergollo Debtor 1 **Jacqueline Camacho** Debtor 2 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 5 7c. Subtotal. Multiply line 7a by line 7b. 375.00 Copy here=> \$ 375.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 153 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 7g. **Total.** Add line 7c and line 7f 375.00 Copy total here=> 375.00 Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 901.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 3,009.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Bala Partners, LLC 5.88 **Carrington Mortgage Services** 3,157.00 Copy Repeat this amount 3,162.88 3,162.88 9b. Total average monthly payment here=> on line 33a.

or rent expense). If this number is less than \$0, enter \$0.	\$ 0.00

Subtract line 9b (total average monthly payment) from line 9a (mortgage

\$______\$ Copy here=> \$______0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

9c. Net mortgage or rent expense.

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 55 of 73

Debtor 1 Debtor 2		el Bergollo ueline Camacho				Case number	(if known)		
11.	Local tra	insportation expense	s: Check the number of vehi	cles for whi	ch you claim a	an ownersl	nip or operating	g expense.	
	□ 0. Go	to line 14.							
	☐ 1. Go	to line 12.							
	■ 2 or m	nore. Go to line 12.							
12.			sing the IRS Local Standard perating Costs that apply for						812.00
13.	You may		pense: Using the IRS Loca if you do not make any loan						
Ve	hicle 1	Describe Vehicle 1:	2019 Nissan Rogue 40	000 miles	NADA Avg	Value			
13a	. Ownersh	ip or leasing costs usin	g IRS Local Standard			\$	588.00		
13b	•	monthly payment for al	I debts secured by Vehicle 1 vehicles.						
	are contr		y payment here and on line cured creditor in the 60 mon			t			
	Nan	ne of each creditor fo	Vehicle 1	Average payment	monthly				
	NM	AC		\$	612.00				
		Total A	verage Monthly Payment	\$	612.00	Copy here =>	-\$612	Repeat this amount on line 33b.	
130		cle 1 ownership or leas line 13b from line 13a.	e expense if this number is less than \$0), enter \$0.		. \$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle 2	Describe Vehicle 2:	2017 Nissan Sentra 69	000 miles	NADA Avg	Value		_	
13d	l. Ownersh	ip or leasing costs usin	g IRS Local Standard			\$	588.00		
13e	e. Average leased ve		debts secured by Vehicle 2	2. Do not inc	clude costs for	r			
	Nan	ne of each creditor fo	Vehicle 2	Average payment	monthly t				
	NM	AC		\$	169.40				
		Total a	verage monthly payment	\$	169.40	Copy here => -\$ _	169.4	Repeat this amount on line 33c.	
13f.		cle 2 ownership or leas	e expense if this number is less than \$0	anter \$0				Copy net Vehicle 2	
	Jubliact	iiio 13e iioiii iiile 13u.	u.i.ə Humber 13 1633 undil Əl	o, emer qu.		\$	418.60	expense here => \$ _	418.60
14.			e: If you claimed 0 vehicles e allowance regardless of					n the \$	0.00
15.	also dedi	uct a public transportati	on expense: If you claimed on expense, you may fill in was Standard for <i>Public Trans</i>	what you be					0.00

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 56 of 73

		addition to the expense deductions listed above, you are allowed your monthly exper following IRS categories.	nses for					
16.	Taxes: The total monthly amouself-employment taxes, social syour pay for these taxes. Howe and subtract that number from Do not include real estate, sale		2,853.80					
17.	Involuntary deductions: The tocontributions, union dues, and	total monthly payroll deductions that your job requires, such as retirement uniform costs.						
	Do not include amounts that are	\$	0.00					
18.	Life Insurance: The total mont filing together, include payment Do not include premiums for life of life insurance other than term		0.00					
19.	administrative agency, such as	e total monthly amount that you pay as required by the order of a court or spousal or child support payments. Ist due obligations for spousal or child support. You will list these obligations in line 3	s5 \$	0.00				
20	. ,	amount that you pay for education that is either required:						
20.	as a condition for your job, of							
		Ily challenged dependent child if no public education is available for similar services.	\$	0.00				
21		mount that you pay for childcare, such as babysitting, daycare, nursery, and prescho						
۷1.	-	ributification for pay for clinicale, such as babysitting, daycare, hursery, and prescricity elementary or secondary school education.	\$	0.00				
22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.							
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$							
24.	Add all of the expenses allow Add lines 6 through 23.	ved under the IRS expense allowances.	\$	7,604.40				
Add	Additional Expense Deductions These are additional deductions allowed by the Means Test.							
		Note: Do not include any expense allowances listed in lines 6-24.						
25.								
25.	insurance, disability insurance,	Note: Do not include any expense allowances listed in lines 6-24. nsurance, and health savings account expenses. The monthly expenses for health						
25.	insurance, disability insurance, your dependents.	Note: Do not include any expense allowances listed in lines 6-24. Insurance, and health savings account expenses. The monthly expenses for healt and health savings accounts that are reasonably necessary for yourself, your spous						
25.	insurance, disability insurance, your dependents. Health insurance	Note: Do not include any expense allowances listed in lines 6-24. Insurance, and health savings account expenses. The monthly expenses for healt and health savings accounts that are reasonably necessary for yourself, your spous \$						
25.	insurance, disability insurance, your dependents. Health insurance Disability insurance	Note: Do not include any expense allowances listed in lines 6-24. Insurance, and health savings account expenses. The monthly expenses for health and health savings accounts that are reasonably necessary for yourself, your spous 597.84		597.84				
25.	insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account	Note: Do not include any expense allowances listed in lines 6-24. Insurance, and health savings account expenses. The monthly expenses for health and health savings accounts that are reasonably necessary for yourself, your spous 597.84	se, or	597.84				
25.	insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total	Note: Do not include any expense allowances listed in lines 6-24. Insurance, and health savings account expenses. The monthly expenses for health and health savings accounts that are reasonably necessary for yourself, your spous 597.84	se, or	597.84				
25.	insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you a Yes Continuing contributions to toontinue to pay for the reasonal your household or member of years.	Note: Do not include any expense allowances listed in lines 6-24. Insurance, and health savings account expenses. The monthly expenses for health and health savings accounts that are reasonably necessary for yourself, your spous 597.84	se, or \$ will r of	597.84				
26.	insurance, disability insurance, your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total No. How much do you a Yes Continuing contributions to to continue to pay for the reasonal your household or member of yinclude contributions to an according protection against family viole.	Note: Do not include any expense allowances listed in lines 6-24. Insurance, and health savings account expenses. The monthly expenses for health and health savings accounts that are reasonably necessary for yourself, your spous 597.84	will r of , , , , , , , , , , , , , , , , , ,					

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 57 of 73

	Jacqueline Camacho	Case number (if known)					
	Additional home energy costs. Your homine 8.	ne energy costs are included in your insurance and operating expenses	on				
	If you believe that you have home energy on the fill in the excess amount of home er	line					
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that the additional ary.		\$	0.00		
9	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private	or				
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23.					
*	* Subject to adjustment on 4/01/25, and eve	ery 3 years after that for cases begun on or after the date of adjustment.		\$	0.00		
ł	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.						
		ional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.					
`	You must show that the additional amount	claimed is reasonable and necessary.		\$	0.00		
	Continuing charitable contributions. The nstruments to a religious or charitable orga	e amount that you will continue to contribute in the form of cash or financianization. 11 U.S.C. § 548(d)(3) and (4).	ial				
[Do not include any amount more than 15%	of your gross monthly income.		\$	0.00		
	Add all of the additional expense deduct Add lines 25 through 31.	tions.		\$	597.84		
Dedu	ctions for Debt Payment						
	or debts that are secured by an interest bans, and other secured debt, fill in lines	in property that you own, including home mortgages, vehicle 33a through 33e.					
	o calculate the total average monthly paym reditor in the 60 months after you file for ba	ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.					
	Mortgages on your home			Average Daymer	e monthly		
33a.	Copy line 9b here	=		5ayo. }	3,162.88		
	Loans on your first two vehicles				<u> </u>		
33b.	Copy line 13b here	=	> :	\$	612.00		
33c.		=	> ;		169.40		
33d.	List other secured debts:						
	e of each creditor for other secured debt	Identify property that secures the debt Does payment include taxes or insurance?	t				
		□ No					
	-NONE-	☐ Yes	9	;			
		Yes	9	·			
		□ No					
			•	s			
			ору				
		s 33a through 33d \$ 3,944.28 to	otal	1			

Miguel Bergollo

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 58 of 73

Miguel Bergollo Debtor 1 **Jacqueline Camacho** Debtor 2 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount 116 Hammler Road Hillsborough, NJ **80,000.00** \div 60 = \$ **Carrington Mortgage Services** 1,333.33 08844 Somerset County \$ $\div 60 = \$$ \$ $\div 60 = +$ \$ Copy total 1.333.33 1.333.33 Total \$ here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 5,277.61 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 7,604.40 expense allowances Copy line 32, All of the additional expense deductions 597.84 Copy line 37, All of the deductions for debt payment 5,277.61 +\$ 13,479.85 13,479.85 Copy total here=> \$ Total deductions.....

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 59 of 73

	Jacqueline	jollo Camacho			Case n	iumbei	(if known)		
2:	Determine `	Your Disposable Inc	ome Under 11 U.S.C. § 13	25(b)(2)					
			ome from line 14 of Form					\$	13,747.9
chi disa rec	Ildren. The mo ability payment eived in accord	nthly average of any or start of a dependent chi	ome you receive for supportable to support payments, for ld, reported in Part I of Forn nonbankruptcy law to the ed.	ster care payments, m 122C-1, that you		\$	0	0.00	
em in 1	ployer withheld I1 U.S.C. § 541	I from wages as contr	ions. The monthly total of a ibutions for qualified retiren d repayments of loans from	nent plans, as spec	ified	\$_	586	5.43	
Tot	al of all deduc	ctions allowed under	r 11 U.S.C. § 707(b)(2)(A).	Copy line 38 here	=>	\$	13,479	.85	
exp the circ	penses and you ir expenses. You cumstances and	u have no reasonable ou must give your cas d documentation for the	 If special circumstances juice alternative, describe the space trustee a detailed explanate expenses. 	pecial circumstance ation of the special					
scri	be the special	circumstances		Amount of	expens	se			
				\$ \$					
				\$ \$					
			Total	\$0.	~~	Copy here=		0.00	
								7	
Tot	tal adjustment	s. Add lines 40 through	gh 43	=>	• \$_		14,066.28	Copy here=> -\$	14,066.2
			gh 43. ncome under § 1325(b)(2)				14,066.28		-318.36
Cal	Iculate your m	nonthly disposable in	ncome under § 1325(b)(2)	. Subtract line 44 fr	om line	39.	<u>, </u>	here=> - \$	· · ·
Call	Change in I ange in incom ve changed or a e your case wil a filed your peti	ncome or Expenses ne or expenses. If the are virtually certain to ll be open, fill in the in tion, check 122C-1 in	ncome under § 1325(b)(2)	r the expenses you filed your bankrupto ple, if the wages re 2 in the second col	reported umn, e	ed in ion a incre	this form nd during the ased after	here=> - \$	
Calcalant Change time you way	Change in I ange in incom ve changed or a e your case wil a filed your peti	ncome or Expenses ne or expenses. If the are virtually certain to ll be open, fill in the in tion, check 122C-1 in	e income in Form 122C-1 or change after the date your formation below. For exam the first column, enter line ase occurred, and fill in the a	r the expenses you filed your bankrupto ple, if the wages re 2 in the second col	om line reporte y petit ported umn, e ase.	e 39. ed in ion a incre xplai	this form nd during the ased after	here=> - \$	-318.36
Cal Ch hav tim you way	Change in I ange in incom ve changed or a e your case wil a filed your peti ges increased, Line	ncome or Expenses ne or expenses. If the are virtually certain to l be open, fill in the in tion, check 122C-1 in fill in when the increa	e income in Form 122C-1 or change after the date your formation below. For exam the first column, enter line ase occurred, and fill in the a	r the expenses you filed your bankrupto ple, if the wages re 2 in the second col amount of the incre	om line reporte y petit ported umn, e ase.	ed in ion a incre xplai	this form nd during the ased after n why the ncrease or ecrease?	here=> -\$ \$ Amount o	-318.36
Calland Character Characte	Change in I ange in incom /e changed or a e your case wil a filed your peti ges increased, Line C-1 C-2	ncome or Expenses ne or expenses. If the are virtually certain to l be open, fill in the in tion, check 122C-1 in fill in when the increa	e income in Form 122C-1 or change after the date your formation below. For exam the first column, enter line ase occurred, and fill in the a	r the expenses you filed your bankrupto ple, if the wages re 2 in the second col amount of the incre	om line reporte y petit ported umn, e ase.	ed in ion a incre xplai	this form nd during the ased after n why the ncrease or ecrease? Increase Decrease	here=> -\$	-318.36
Calland Character Characte	Change in I ange in incom ve changed or a e your case wil u filed your peti ges increased, Line C-1 C-2 C-1	ncome or Expenses ne or expenses. If the are virtually certain to l be open, fill in the in tion, check 122C-1 in fill in when the increa	e income in Form 122C-1 or change after the date your formation below. For exam the first column, enter line ase occurred, and fill in the a	r the expenses you filed your bankrupto ple, if the wages re 2 in the second col amount of the incre	om line reporte y petit ported umn, e ase.	ed in incre xplai	this form nd during the ased after n why the ncrease or ecrease? Increase Decrease Increase	here=> -\$ \$ Amount of	-318.36
Call 3: Ch have timm you way m 1220 1220 1220 1220 1220 1220 1220 12	Change in I ange in incom ve changed or a e your case wil u filed your peti ges increased, Line C-1 C-2 C-1 C-2	ncome or Expenses ne or expenses. If the are virtually certain to l be open, fill in the in tion, check 122C-1 in fill in when the increa	e income in Form 122C-1 or change after the date your formation below. For exam the first column, enter line ase occurred, and fill in the a	r the expenses you filed your bankrupto ple, if the wages re 2 in the second col amount of the incre	om line reporte y petit ported umn, e ase.	ed in ion a incre xplai	this form nd during the ased after n why the ncrease or ecrease? Increase Decrease Increase Decrease	here=> -\$ \$ Amount o	
Cal 3: Ch have time you want time you want time 1220 1220 1220 1220 1220 1220 1220 122	Change in I ange in incom we changed or a e your case will ges increased, Line C-1 C-2 C-1 C-2 C-1	ncome or Expenses ne or expenses. If the are virtually certain to l be open, fill in the in tion, check 122C-1 in fill in when the increa	e income in Form 122C-1 or change after the date your formation below. For exam the first column, enter line ase occurred, and fill in the a	r the expenses you filed your bankrupto ple, if the wages re 2 in the second col amount of the incre	om line reporte y petit ported umn, e ase.	ed in ion a incre xplai	this form nd during the ased after n why the crease or ecrease? Increase Increase Decrease Increase Increase Increase	Amount of \$\$	-318.36
Cal 3: Ch have time you way 1220 1220 1220 1220 1220 1220	Change in I ange in incom we changed or e your case will if filed your peti ges increased, Line C-1 C-2 C-1	ncome or Expenses ne or expenses. If the are virtually certain to l be open, fill in the in tion, check 122C-1 in fill in when the increa	e income in Form 122C-1 or change after the date your formation below. For exam the first column, enter line ase occurred, and fill in the a	r the expenses you filed your bankrupto ple, if the wages re 2 in the second col amount of the incre	om line reporte y petit ported umn, e ase.	ed in ion a incre xplai	this form nd during the ased after n why the crease or ecrease? Increase Decrease Increase Increase Decrease Increase Decrease Decrease	here=> -\$ \$ Amount of	-318.36
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Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 60 of 73

Debtor 1 Debtor 2	Miguel Bergollo Jacqueline Camacho	Case number (if known)
Part 4:	Sign Below	
		ne information on this statement and in any attachments is true and correct.
X	/s/ Miguel Bergollo Miguel Bergollo Signature of Debtor 1	X /s/ Jacqueline Camacho Jacqueline Camacho Signature of Debtor 2
Date	December 30, 2022 MM / DD / YYYY	Date December 30, 2022 MM / DD / YYYY

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 61 of 73

Debtor 1 Debtor 2 December (if known)

Miguel Bergollo
Jacqueline Camacho

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2022 to 11/30/2022.

Line 9 - Pension and retirement income

Source of Income: VA Disability

Income by Month:

6 Months Ago:	06/2022	\$1,648.65
5 Months Ago:	07/2022	\$1,648.65
4 Months Ago:	08/2022	\$1,648.65
3 Months Ago:	09/2022	\$1,648.65
2 Months Ago:	10/2022	\$1,648.65
Last Month:	11/2022	\$1,648.65
	Average per month:	\$1,648,65

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 62 of 73

Debtor 1 Debtor 2 Miguel Bergollo Jacqueline Camacho

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **06/01/2022** to **11/30/2022**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: AYA Healthcare

Constant income of \$0.00 per month.*

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Newark Beth Israel Medical Ce

Constant income of \$12,099.27 per month.*

Case 22-20246-MBK Doc 1 Filed 12/31/22 Entered 12/31/22 11:48:51 Desc Main Document Page 63 of 73

Debtor 1 Debtor 2 Miguel Bergollo

Jacqueline Camacho

Case number (if known)

*Paycheck Details:

Newark Beth Israel Medical Center

Date	Earnings	Overtime	Taxes	Other	Net Check
Salary X5	5,076.92	0.00	1,143.64	530.47	3,402.81
Salary X2	5,405.40	0.00	1,259.26	546.89	3,599.25
2022-06-16	5,496.01	0.00	1,291.10	542.42	3,662.49
2022-06-30	6,015.38	0.00	1,474.44	577.39	3,963.55
2022-08-11	5,786.92	0.00	1,425.13	570.47	3,791.32
2022-09-22	6,438.58	0.00	1,579.66	591.97	4,266.95
2022-10-06	5,588.49	0.00	1,259.25	446.89	3,882.35
2022-11-17	7,074.83	0.00	1,856.52	630.36	4,587.95

AYA Healthcare

Date 2022-12-09	Earnings 2.625.00	Overtime	Taxes 624.90	Other 110.99	Net Check 1.889.11
2022-12-09	9,222.50	0.00 0.00	3,305.09	258.99	5,658.42
2022-12-23	5,215.00	0.00	1,569.13	258.99	3,386.88
Totals:	63,945.03	0.00	16,788.12	5,065.83	42,091.08

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation
	\$245	filing fee
	\$78	administrative fee
	+ \$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

1	ED STATES BANKRUPTCY CO	DURT		
	RICT OF NEW JERSEY n in Compliance with D.N.J. LBR 9004	-1(h)		
	l. Goldstein 016472004	-1(b)		
280 W.	Main Street			
	e, NJ 07834			
855-46	6-3920 prightlaw.com; notices@uprightla	w com		
sյց _{@u}	prigntiaw.com, notices@uprigntia	w.com		
In Re:	Miguel Bergollo		Cara Na	
	Jacqueline Camacho		Case No.:	
			Chapter	13
			Chapter:	_15
			Judge:	
			Judge.	
	DISCLOSURE OF A	NILADTED 12 DEDTOD2	C ATTODNEY	COMPENSATION
	DISCLUSURE OF C	CHAPTER 13 DEBTOR'S	SATIORNEY	COMPENSATION
1.				I am the attorney for the debtor(s) and
	*	•		on, or agreed to be paid to me, for
service	s rendered or to be rendered on be	ehalf of the debtor(s) in con	nnection with this	s bankruptcy case is as follows:
	■ Under D.N.J. LBR 2016-5(b)	, I have agreed to accept for	or all legal service	es required to confirm a plan, subject
				ccur postconfirmation, a flat fee in the
				al services were unforeseeable at the
	time of the filing of this disclost	re ii i seek additional com	pensation and rei	mbursement of necessary expenses.
	T 1	1.1.4	C. 11	and in the deal in the Classic
	Legal services on behalf of the o	legior in connection with the	ne following are i	not included in the flat fee:
	D (4) (4)			
	Representation of the debtor in:			
	 adversary proceeding 			
		modification efforts,		
	 post-confirmation fi 	lings and matters brought b	before the Court.	
	I have received:		\$ 1,562.0	00
	The balance due is:		\$ 3,188.0	00
			·	<u> </u>
	The balance □ will ■ w	vill not be paid through the	plan.	
	T. I D. N. I. I. D.D. 2016 5(-)	T1 6.	. 1 1	
				provided on behalf of the debtor in this
	case, an hourly fee of \$ The	e hourly fee charged by ot	her members of r	my firm that may provide services to
	this client range from \$ to \$			
	expenses to be paid to me in this	case post petition pursuan	nt to D.N.J. LBR	2016-1.
	I have received:		\$	
2.	The source of the funds paid to	ne was:		
	■ Debtor(s)	☐ Other (specify below)		
		× • • • • • • • • • • • • • • • • • • •		

	Case 22-20246-MBK			Entered 12/31/22 11:48:51 ge 69 of 73	Desc Main		
3.	If a balance is due, the source of future compensation to be paid to me is:						
	■ Debtor(s)	□ Other	r (specify below))			
		npensation with	n a person(s) who	th another person(s) unless they are o is not a member of my law firm, a attached.			
prior t	r(s) as needed. If possible, I	Debtor's counse knowledge that	el will advise De	ar at hearings on their behalf in lieu btor(s) of the use of coverage coun- el may not be a member of my firm	sel for any hearings		
	/s/ M	B	/s/ J	С			
	Deb	tor(s) Initials	Deb	tor(s) Initials			
		All appearances		may appear at hearings on their beh bebtor(s) matter will be made by me			
	Deb	tor(s) Initials	Deb	otor(s) Initials			
6.	The Debtor(s) have review	wed this Disclo	sure and it is con	nsistent with the terms of the Retair	er Agreement.		
Date:	December 30, 2022		/s/ Miguel Bergo	ollo			
			Miguel Bergollo Debtor				
Date:	December 30, 2022		/s/ Jacqueline C	camacho			
	·		Jacqueline Cam Joint Debtor				
Date:	December 30, 2022		/s/ Scott J. Gold				
Scott J. Goldstein 016472004							

Debtor's Attorney

United States Bankruptcy Court District of New Jersey

In re	Miguel Bergollo Jacqueline Camacho	Cas	e No.	
		Debtor(s) Cha	pter	13
The abo		VERIFICATION OF CREDITOR MATR		of their knowledge.
Date:	December 30, 2022	/s/ Miguel Bergollo		
		Miguel Bergollo		
		Signature of Debtor		
Date:	December 30, 2022	/s/ Jacqueline Camacho		
		Jacqueline Camacho		

Signature of Debtor

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Bala Partners, LLC 17 West Cliff Street Somerville, NJ 08876

Capital One Attn: Bnakruptcy P.O. Box 30285 Salt Lake City, UT 84130

Carrington Mortgage Services Attn: Bankruptcy 1600 South Douglass Road, Stes 110 & 200 Anaheim, CA 92806

Carson Smithfield, LLC PO Box 9216 Old Bethpage, NY 11804

Certified Credit & Collection Bureau PO Box 1750 Whitehouse Station, NJ 08889

Citibank Attn: Bankruptcy P.O. Box 790034 St Louis, MO 63179

Convergent Heathcare Recoveries 121 NE Jefferson Street Suite 100 Peoria, IL 61602

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 Fortiva Attn: Bankruptcy Po Box 105555 Atlanta, GA 30348

General Revenue Corporation Attn: Bankruptcy Dept. 4660 Duke Dr, Ste 200 Mason, OH 45040

Genesis Financial Genesis FS Card Services Po Box 4477 Beaverton, OR 97076

MedFirst Urgent Care PO Box 478 Bartonsville, PA 18321

Merrick Bank PO Box 9201 Old Bethpage, NY 11804

Merrick Bank Corp Po Box 9201 Old Bethpage, NY 11804

Navient Solutions Inc Attn: Bankruptcy P.O. Box 9500 Wilkes-Barre, PA 18773

Navy FCU Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119

NMAC Attn: Bankruptcy Po Box 660366 Dallas, TX 75266

OneMain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731 Resurgent Capital Services Attn: Bankruptcy Po Box 10497 Greenville, SC 29603

Service Finance Company Attn: Bankruptcy 555 S Federal Highway Boca Raton, FL 33432

SOMA Skin and Laser 90 Millburn Ave, Ste 206 Millburn, NJ 07041

St. Peters University Hosp 254 Easton Ave.
New Brunswick, NJ 08901

Stern Lavinthal & Frankenberg, LLC 105 Eisenhower Parkway - Ste 302 Roseland, NJ 07068

Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965064 Orlando, FL 32896

University Physician Assoc of NJ PO Box 23297 New York, NY 10087